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ABSTRACT

This study assessed the needs of Somali immigrant and refugee groups living in Hennepin County, Minnesota, and determined how those needs could be met. A series of focus groups were conducted with male and female Somalis of various ages. Organizations that served the Somali population completed surveys about their activities and services. Results of the focus groups and survey were used to determine how well the community's needs matched available services. Several published studies on the Somali community in Minnesota were reviewed to compare the needs of Somalis as identified by those studies with those identified in the focus group. In general, focus groups and published studies identified similar categories of problems but different specific problems under these categories. Participants in the focus groups, compared with the published studies, did not identify lack of social network, transportation, gender role reversals, or mental health as significant problems. Both Somali individuals and the organizations serving them identified housing, education, employment, and cultural support systems as primary concerns. Somalis identified family needs as important, but organizations did not. (Contains 3 figures, 15 tables, and 14 references.) (SM)

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Needs Assessment Project

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Somali Community
Needs Assessment Project

A REPORT PREPARED FOR THE SOMALI RESOURCE CENTER

by Mia U. Robillos

Center for Urban and Regional Affairs

University of Minnesota

May 2001

UNIVERSITY OF MINNESOTA

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Executive SUMMARY

This study was commissioned by the Somali Resource Center to assess the needs of Somalis living in Hennepin County and determine how those needs could be met. A series of focus group discussions were conducted with males and female Somalis of various ages. A survey of organizations that serve the Somali population was also conducted to learn about their activities and the services they offered. The results of the focus groups and survey were used to determine how well the needs of the Somali community matched available services. Finally, several published studies on the Somali community in Minnesota were reviewed to compare the needs of Somalis as identified by those studies with those identified in the focus groups.

In general, the focus groups and the published studies identified similar categories of problems faced by the Somali community, but identified different specific problems under these categories. Compared with the published studies, participants in the focus groups did not identify lack of social network, transportation, gender role reversals, or mental health as significant problems. The failure to mention the lack of a social network or transportation difficulties could be explained by the location of the focus group participants, most of whom lived in areas that had greater concentrations of Somalis and that were widely serviced by bus lines.

There appears to be a congruence between the needs of the Somali community as identified by the Somalis themselves and by the organizations that serve them. Both identified housing, education, employment, and cultural support systems as primary concerns. Family needs were identified as important by Somalis, but not by the organizations. This could be because family needs are personal issues that are specific to each family.

The SRC study contributes to the existing literature in three ways: the focus groups identified needs that are both age group-specific and gender-specific; the survey inventoried the services offered by different organizations that serve the Somali community; and the complete study allowed for two types of comparison not attempted before—a needs assessment from the perspectives of both the Somalis and the organizations to see if they view the problems differently, and a comparison of needs and available services to see if there are unmet needs.

A limitation of the study is that the samples of Somali residents and community agencies were not representative of the Somali population in Minnesota or the organizations that serve them. As such, the results have to be viewed with caution. Suggestions for future action include: conducting

an expanded and more in-depth needs assessment study (improved geographic and age group representation in the focus groups; inclusion of service providers inside and outside the Twin Cities metropolitan area where significant Somali populations exist); expanding the scope of issues addressed in the focus groups and survey; expanding the review of literature; creating community task forces in the areas of housing, education, employment and economic development, and family and youth composed of representatives from different sectors of society (service providers, school administrators and teachers, employers and employment counselors, landlords and public housing authority employees, Minnesota Family Investment Program administrators) to assist in the design of the expanded needs assessment study; and training Somalis to take greater part in the research as a way to empower them and the organizations that serve them.

Introduction

The face of Minnesota is changing as its immigrant population continues to grow. State demographers estimate that foreign-born Minnesotans comprise 6% of the state's population—a number that has grown by 50% since the 1990s—and 3.5% of the Twin Cities population. Minnesota is also home to the largest Somali population in the country. Estimates vary as to its size. According to the Minnesota Department of Human Services, there were 30,000 Somalis living in the United States in 1999, with 14,000 to 15,000 living in Minnesota (Shah 2000). A 1998 estimate of the state's Somali population placed the number at 20,000 (Powell 1998), while some knowledgeable Somalis estimated the population at 22,000 to 28,000 in 1999 (Suzukamo 2000).

Beginning in 1990, a large number of Somalis came to Minnesota as refugees. The rest are immigrants who came from their home country to join relatives already living in Minnesota or relocated from other parts of the United States. More than three-quarters of the Somali population live in the Twin Cities, with the majority living in Minneapolis and an increasing number living in St. Paul. The rest reside in other towns such as Owatonna, Marshall, Worthington, Pelican Rapids, and Rochester (Suzukamo 2000).

Somali immigrants have had to adapt to a new way of life and find ways to meet their diverse needs. The most urgent are housing, education, and employment. The state's welfare system and public assistance programs have been able to meet these basic needs to a large extent, while a number of community-based social service agencies have helped fill some of the gap. However, some more specific needs cannot be readily met, including mental counseling to cope with the trauma of fleeing a war-torn country, the daily adjustments to living in a country where the prevailing social and religious practices are different from their own, and meeting the educational system's standards despite limited English proficiency. To Somalis, these needs pose a constant challenge to functioning normally in society while trying to preserve elements of their own culture.

The primary purpose of this study was to assess the needs of Somalis living in Hennepin County and to determine from their viewpoint how those needs could be met. This was accomplished by conducting a series of focus group discussions in which Somali men and women of various ages participated. A survey of community organizations in Hennepin County that serve the Somali population was also conducted to learn about the activities of the organizations and the services they offer. The results of the focus groups and survey were used to determine how well the needs of the Somali community

match up with the services available, whether a new set of services is necessary to meet the needs of the community, and, in the case of existing services, whether there is a need to improve access to services or to increase the quality and quantity of services.

This report is organized into five parts. Part one presents the results of the focus group discussions, part two presents the results of the survey of community organizations, part three reviews some of the studies of the Somali community that have been done, part four synthesizes the outcomes in parts two and three, and part five outlines recommendations for future action.

Part One: Focus Group Discussion

DESCRIPTION OF THE STUDY

The focus group interviews were conducted between March 21, 2000 and May 5, 2000, at three different locations. Each focus group session lasted a minimum of two hours and was audiotaped. Discussions were facilitated by a moderator who asked the questions and guided the discussions. Both the moderator and an assistant moderator took notes of the sessions.

The following are descriptions of the six focus groups and the participants in each group:

- Girls aged 7–9. The focus group interview was held at the Higher Ground Academy Charter School in St. Paul on May 5, 2000. All participants in the group were students at the school.
- Boys aged 10–13. The focus group interview was held at the Higher Ground Academy Charter School in St. Paul on May 5, 2000. The boys were students at the school.
- Boys aged 16–19. The focus group interview was held at the Brian Cole Community Center in Minneapolis on April 28, 2000. The boys were all students who met regularly at the community center for after-school activities.
- Women aged 18–35. The focus group interview was held at the Riverside Plaza in Minneapolis on March 21, 2000. All the women were adult basic education (ABE) students whose English as a second language (ESL) levels ranged from 0 to 3.
- Women aged 35 or older. The focus group interview was held at the Riverside Plaza in Minneapolis on March 21, 2000. All the women were ABE students whose ESL levels ranged from 0 to 3.
- Men aged 50 or older. The focus group interview was held at the Riverside Plaza in Minneapolis on March 22, 2000. All men were ABE students whose ESL levels ranged from 0 to 3.

Focus group participants were asked three compound questions:

1. What are the most difficult problems currently facing Somali immigrants in Hennepin County? How do these problems affect the Somalis' integration into American society?
2. How difficult is it for Somalis to overcome these obstacles? How much and what kind of government assistance is needed? What kind of services should be available in your communities?
3. What are the most important differences between Somali and American culture? How do these differences affect the Somalis' experiences in American society?

FINDINGS OF THE STUDY

The results of the focus group interviews were based largely on transcripts of the sessions and the notes of the moderator and assistant moderator. The discussions were conducted in Somali, and the responses were translated into English to produce the transcript.

General Findings

The focus group discussions did not follow the sequence of the original three questions. This was due to the similarity in the responses to the questions regarding problems and obstacles faced and differences between Somali and American cultures. That is, cultural differences turned out to be the overarching problem that affected the Somalis' experience living in Minnesota and their ability to integrate into mainstream society. Because it was easier for participants to talk about problems and solutions at the same time, the discussion of a specific problem or obstacle was immediately followed by suggestions on the type of assistance or services needed to overcome the problem or obstacle. As a result, the discussions flowed freely from one focus group question to another.

Problems and Obstacles Faced by Somalis

The major areas of concern identified by focus group participants were employment, housing, and education. The specific problems identified can be classified into two categories: those faced by the general population and those specific to the Somali population. Examples of the former are age discrimination at the workplace, lack of affordable housing, absence of medical insurance, and wayward children and youth. Culture is the main cause of problems of the latter type. Specifically, Somali religious practices, language, and family structure limit their economic and social opportunities for advancement.

The Effect of Obstacles on Somali Integration into American Society

The problems identified by the focus group permeate the daily lives of Somalis, and consequently their adjustment to American society has been difficult. Depending on the problem, the steps Somalian immigrants take to ease the situation vary. With regard to employment, the biggest obstacle faced was the lack of willingness on the part of employers to allow Somali women to wear their traditional clothes at the workplace, especially the *xijaab* or veil. Although a few Somali women said they had decided to wear regular clothes at work because they had no choice, the majority of the

women indicated that they would rather forgo the prospect of a job than betray their religious precepts.

If the Somalis' response to the employment problem can be generally characterized as a refusal to compromise cultural practices, with respect to housing it can be characterized as a reluctance to accept existing laws. Somalis and their extended families traditionally live together under one roof. The housing codes and rental policies in the Twin Cities place limits on the number of people who can live in an apartment unit, and so Somalis find themselves unable to have relatives outside of the nuclear family live with them. For seniors living in one-bedroom apartments, this can create feelings of boredom, isolation, and even depression. Because most Somalis live in apartments, they have no other option but to abide by the occupancy rules.

The education problem affects both adults and children. The major concern in this area is a lack of English proficiency. The children's progress in school is hampered by lack of English language skills, and because Somali parents also face the same language problems, they are unable to help their children with schoolwork. The standard school policy of placing children in classes according to age rather than ability compounds the problem. The children find themselves underperforming relative to other students in the same class who are of the same age.

The English language problem affects adults as well. They are unable to fill out job application forms, make appointments for job interviews, or see a doctor unless they can secure the services of a translator, which are not always available. Language is also a problem in taking citizenship tests. Some adults have failed a number of times because they could not understand the questions in English. However, in contrast to the Somalis' response to employment and housing problems, with education there has been an enthusiastic willingness among children and adults alike to embrace the best recourse available: gaining English language proficiency through classes and tutoring. Focus group participants recognized the important role that education plays in helping them fully integrate into society, whether it takes place in school or any other environment.

Government Assistance and Community Service Needs

The focus group participants did not suggest solutions to all of the problems they identified. It could be that they recognized that many of their problems—for example, occupancy rules for rental units or mixed-gender activities at school—are elements of a system that has worked for U.S. society as a whole and therefore would be difficult to change. However, the focus group participants did recognize that other problems have realistic solutions that could address their needs.

Focus group participants saw a role for the government in the area of education. This role includes increasing the number of tutors and counselors in K–12 schools, offering more ESL and ABE classes, offering cultural diversity classes so Somalis and non-Somalis can learn about each other's cultures, and something as simple as labeling the food served in cafeterias so students can avoid foods that contain pork. They also saw a need for more translators in government centers. When they visit a government office, they are told to bring along a Somali translator. Because the translators themselves generally are either employed or enrolled in school, Somalis often are forced to delay their appointments and do without necessary government services. Finally, they saw a role for government in infrastructure financing. The Somalis talked about the need for a cultural center, a place of worship, or a culturally sensitive daycare center. However, as a community, they do not have the financial resources to rent or build a facility to house them, and so government assistance is crucial.

Focus group participants perceived the role of the community as a support system that will allow them to preserve their culture as they adjust to life in Minnesota. This includes building (in collaboration with the government) and staffing a cultural center, a mosque, and a Koranic school or daycare center; creating social or recreational clubs; and increasing the availability of African food in grocery stores.

Advocacy was one of the services deemed most necessary. Focus group participants saw a need for an effective community-based Somali organization that would advocate for their rights, especially in the areas of employment, housing, and family services. They felt that they should have the same rights as everyone else in the United States, and that their desire to preserve their cultural identity should be respected as long as they did not break any laws or cause harm to society. Examples of situations that would warrant advocacy are employers prohibiting Somali women from wearing the *xijaab* at work or using the wearing of the *xijaab* to screen out Somali job applicants, landlords threatening eviction whenever Somali residents complain about needed repairs, or government preventing Somali parents from raising their children according to their cultural values.

At present there are community-based Somali organizations scattered around Minneapolis. One focus group participant expressed a preference for housing those organizations in one building for the convenience of Somalis who are unfamiliar with the city or who have no means of transportation (two common problems).

Specific Findings

This section discusses specific findings from the focus groups. The major problem areas considered are employment, housing, education, family, and cultural support system. The various issues or obstacles that underlie each major problem are also discussed.

Employment

English Language Proficiency

The lack of proficiency in the English language is a problem that pervades Somalis' lives in many ways, but perhaps the greatest impact is felt in the areas of employment and education. The Somalis' limited ability to speak English affects their employment opportunities in two ways: it acts as a barrier in the job application process and some employers use it as an indicator of job performance. Most Somalis depend on a translator when applying for a job so that they can fill out application forms written in English as well as make appointments for and complete interviews. Translators, however, are not always available. Some employers also do not give Somalis the same opportunities as other job applicants or employees. The following examples from focus group participants illustrate the problem:

> The lack of English language caused me to be chronically unemployed. I can't find a job because I can't ask for it and no employer hires somebody without an interpreter. —*Ilhan, March 21*

> I noticed that Somalis don't get what they're entitled to which is available to other residents. It's believed that Somalis are poor, new immigrants who know nothing about the American language, culture, and laws. Under this belief, some landlords and employers take advantage of us. It's true that we're new to this country and that it's not easy for us to get good jobs or apartments in comparison with the other people who were born here or have been here for a long time. It's wrong, however, to allow anybody to take advantage of our weaknesses. —*Mohamed, March 22*

Work Attire

Some employers see the wearing of the traditional *xijaab* by Somali women as a hindrance to good job performance. Because they need a job, some Somali women reluctantly stop wearing the *xijaab* in favor of regular work clothes. Others refuse to do so and look for a job elsewhere. The issue of

what clothes can be worn at work is a problem specific to Somali women, although most Somali men think that employers should respect this cultural tradition. One male focus group participant said that he declined a job offer as a show of support for women from his country who were asked to give up the *xijaab*. Focus group participants offered a number of perspectives on this problem.

A woman with *xijaab* will get a job last, when it's impossible to get help, because companies don't like to hire us. —*Ilhan, March 21*

The government should pressure the employers not to discriminate with religion. We need to be given a chance or an opportunity to work and show what we can do with the *xijaab*. —*Hawo, March 21*

I applied for a job with three Somali women who wore the *xijaab*—the veil worn by Muslim women as a religious obligation. The company hired me and told the women not to wear the *xijaab* if they in fact wanted the job. The women refused to do so and exited through the door. I was asked when I could start work, but I refused too and left that place. How can I work with a company which turned my culture and religion down? —*Ali, March 22*

Limited Work Opportunities for Seniors

Somali men and women in their fifties and sixties find few job opportunities available to them, and most attribute the problem to old age. Although they are asked to fill out application forms, most do not think that they are seriously considered for the jobs. For some seniors, money is not the only incentive to work. Due to occupancy restrictions in rental units they often cannot live with their children and grandchildren. Working is one way they can interact with people, keep themselves busy, and overcome loneliness and depression. But with few employers hiring older Somali people, they have no choice but to stay at home, and their well-being suffers as a result.

It's difficult for old people to get a job. Employers don't hire me with my age. I applied for jobs with other people who have been called later on to start to work. My application had never been processed. The government assistance isn't enough and a lot of seniors, including myself, would like to work but jobs aren't there anymore for them. —*Abukar, March 22*

> Employment services for seniors are to me what we need the most. The government assistance for seniors, which is $500 a month, isn't enough for us. —*name withheld, March 21*

> I sometimes feel depressed and lonely at home. I like to work, exercise, and busy myself in order to get rid of my major depression. I'm a 63 year old lady without skills. There's no company which hires me with my age and background. —*name withheld, March 21*

Housing

Finding Good and Affordable Housing

The problem Somalis face when they first arrive in Minnesota is not knowing where and how to begin the housing search process. Somalis often find that there is a lack of good and affordable housing, a problem that is not unique to anyone living in the Twin Cities. The lack of affordable housing creates an additional problem for those who receive housing assistance from the county. Focus group participants reported that due to the few affordable housing choices available, they are often warned by government aid workers that they will lose their financial assistance if they cannot find a place to live within a specified period of time. One participant noted that landlords do not rent to immigrants on welfare without a prior rental history. Many Somalis are of the opinion that immigrants facing multiple barriers should be allowed a longer time to find housing before financial assistance is withdrawn. In addition, the housing problem affects the self-esteem of many Somalis who are forced to live with relatives and friends until they can find or afford their own apartment.

> I live with a family for a long time because I couldn't find my own place. I depend on other people while I'm healthy and strong enough to be independent and conduct my own life. To get a house and privacy is the most important tool to become self-sufficient and is the cornerstone of progress in life. —*Hawo, May 5*

Apartment Size and Occupancy Rules

The average Somali household is larger than an American household. The reasons are rooted in culture. Somalis believe that children are a sign of Allah's generosity, and more children are welcomed with open arms. It is not uncommon to find families with 10 children. Somali households typically

include extended family as well. Finally, Somalis assist each other in times of hardship, and often invite relatives, friends, or even entire families who are facing a housing crisis to live with them.

The Somali family size is different from the American one. The Somali family household is not only husband, wife, and children. There are other family members as well like grandfathers, grandmothers, grandfathers-in-law, grandmothers-in-law, uncles, aunts, cousins, brothers-in-law, so on and so forth. People living together is highly respected and loved in our culture; however, the American culture I think is the opposite. *—Osman, March 22*

A large household requires more living space. However, it is often the case that Somali families on welfare cannot afford to rent anything bigger than a two-bedroom apartment. When they try to rent a larger apartment they are often rejected by landlords or are warned that they will be evicted if the landlord finds out that there are too many people living in an apartment. The inability to rent a larger apartment also introduces a dilemma. Some families declare fewer children so they can live in a smaller apartment. However, this means they receive a smaller amount of financial assistance from the county, and so the families end up being worse off.

There's a big problem in the housing system. I personally know that some families hid some of their children and lied about the number in the household in order to get a home to live in. They worried a lot about becoming homeless. When they bring the tenancy agreement lease to their financial worker, they're given less money which is not enough for the exact number in the household. *—name withheld, March 21*

The housing problem also affects older Somalis. Seniors receive subsidized housing, and the focus group participants expressed gratitude for this type of assistance. However, seniors often are not allowed to have relatives live with them. This situation leads to feelings of isolation, loneliness, or even depression. Some older Somalis depend on relatives to help clean the house and take care of errands and other needs. Not having relatives living with them makes it harder to cope with the demands of daily life.

The problem is when the seniors who depend on their children are told that no one else can live with them in the apartment. Failure to do so will result in losing the apartment. Our children like to

come to us, take care of us, clean the apartment for us, and live with us for as long as they like to. The problem is we can't let them in otherwise we lose the apartment. —*Ali, March 22*

When family members are told they cannot live together, it causes more separation, loneliness, and sadness. When seniors who live alone are told not to give the keys of the apartment to their lovely children, it hurts a lot, and results in more solitude and agony. —*Ali, March 22*

Education

English Language Proficiency

The academic difficulties faced by Somali children are not a reflection of their ability to learn, but of their limited knowledge of English, the instructional language used in all schools. Even young males in their teens who were among the focus group participants said that when they came to Minnesota the only English they knew was their ABCs. With limited English, Somali children cannot understand the lessons and cannot do the homework. Some Somali children are teased at school when they mispronounce English words. Because their parents also do not speak English, they are at a loss as to how to help their children meet academic standards. However, there was widespread enthusiasm among the young men and women in the focus groups about being tutored in English, and they were willing to do it outside of school time.

Placement of School Children in Grade Levels

Closely related to the English language problem is the problem of how children are placed in schools. The determination of which grade level to place a child in is based on age rather than performance level or additional needs they might have. Given their limited English, students have to struggle to understand what is being taught. Both students and their parents said that the students get overwhelmed by schoolwork and are left exhausted from having to work extra hard to keep up with the other students in the class. Some parents were concerned that despite the amount of time and effort their children put into schoolwork, the grades they received did not reflect their hard work; they still failed classes or got low scores on tests.

Educational Support and Training

A good first step to solving the school-related problems of Somali children is more intensive English instruction. In addition to books, parents expressed

the need for other instructional materials such as computers, VCR machines, tape recorders, and video cameras, which they thought would help their children learn how to read, write, and speak English. Children who participated in the focus groups spoke about the need for language tutors and translators to help them with their English, and also for counselors with whom they could talk when they feel discouraged. The presence of bilingual faculty and staff was a popular suggestion among focus group participants.

Adult Education

Most older Somali immigrants did not have the benefit of education. First and foremost among their problems is their limited English proficiency. The adults in the focus groups talked about how much their lives would improve if they could learn to communicate better by taking ESL classes. They thought better English skills would allow them to help their children with schoolwork, get more involved in their children's school activities, pass the citizenship test, become more competitive in the job market, communicate better with their doctor, exercise their rights as tenants, call an ambulance or 911 in life-threatening situations, and avoid committing unintentional violations of the law that stem from their inability to read traffic signs. In addition to improving their language and job skills, adults also said they would like to learn more about American culture and learn other skills that would help ease their adjustment to their new life in the United States. An educational center that offers various ABE classes would be a welcome addition to the community.

Cultural Issues in School

Many of the problems faced by Somali children in school stem from cultural differences. Although none of the children interviewed thought these problems had an impact on their academic performance (except for the more serious language problem), they said they contributed to an uncomfortable school life and caused them to be more withdrawn. The most frequently mentioned issue was the intermingling of girls and boys in school activities and other social environments. Examples cited included physical education classes, taking meals together at the cafeteria, or sitting together on the school bus or at the playground. The Somali girls felt especially uncomfortable. Some said they were teased by their peers and told that boys did not mix with them because they were ugly.

Somali students also said they were unfamiliar with most of the food served in the cafeteria and had a hard time telling which ones did not contain pork, a meat that is prohibited by their religion. They faced the same problem when food was served at parties outside of school.

Somali students also felt uncomfortable seeing boys and girls wearing almost the same clothes (t-shirts and jeans for example), or boys wearing earrings, neither of which is common in Somali culture. Girls in the focus group noted that some Somali girls had stopped wearing the *xijaab* and had tried to persuade them to do the same because they said the *xijaab* was not pretty.

Two issues should be clarified and viewed in a broader context: the mixing of boys and girls in school and the wearing of the *xijaab* by young girls. Somali culture does not prohibit boys mixing with girls in schools. It is common to find them sitting alongside and socializing with each other in schools in Somalia. However, the young girls in the focus group lived in refugee camps before coming to Minnesota, and so have other reasons for being uncomfortable around males. Because of their traumatic experience during the war in Somalia, most were advised by their parents to be careful not to venture into risky environments, including socializing with groups of men. Another possible explanation for the children's concern about coeducational activities in U.S. schools is the form of education they received before coming to Minnesota. The young girls in the focus group may have been educated in traditional Koranic schools, which are the only schools that exist in the refugee camps. In traditional Koranic schools, boys and girls were made to sit on opposite sides of the classroom, and that behavior may have persisted after coming to the United States.

It should be noted that the girls in the focus group who mentioned that other girls were not wearing the *xijaab* and were pressuring them to stop wearing it as well turned out to be the only focus group participants to note this phenomenon. In Somali culture, some girls and women choose to wear the *xijaab* and others choose not to wear it. Both wearers and non-wearers alike are accepted in Somali culture. Even among girls who do not wear the *xijaab*, it would be rare for them to pressure others not to wear it as well.

To an outsider, these cultural issues may seem trivial, but Somalis take them more seriously. It may not affect academic performance directly, but such cultural differences have an impact on the students' self-confidence, self-image, and self-esteem. Although such things were not mentioned, one wonders if these issues have forced students to question their beliefs, doubt their resolve to keep with tradition, or created other internal conflicts.

Some institutional changes—such as separating the boys and girls during physical education classes—might not be possible, but the schools could take simple steps such as clearly labeling food served in the cafeteria, accommodating prayer time for Somali students, putting up traditional Somali decorations, and creating activities that teach all students to appreciate cultural diversity.

Family Issues

Raising Somali Children in the United States

Some parents in the focus group thought that American culture had changed their children in less than favorable ways. The children have been taught in schools and in the community that they are free to make their own decisions or do what they want. Consequently, some Somali youth have abandoned customs and traditions such as praying five times a day, fasting during the month of Ramadan, or wearing traditional attire. Some Somali children have started drinking alcohol and taking drugs, or have become involved in other criminal activity. Some Somali youth show disrespect toward parents, elders, and other relatives. Some young children have been told that they should call 911 when their parents scold or reprimand them, and surprised parents report having been told that their child could be taken away from them if the child calls 911 to complain about parental mistreatment.

> My children have been told they can call 911 if they're not happy with their mother. Who can tell me one single parent, only one, who can say "yes" to whatever their child wants 24 hours a day and at the same time give them good discipline and parental care? I think no parent can do that. *—name withheld, March 21*

Surprisingly, there were some participants in the focus groups who welcomed government help in disciplining their children. One parent said he was willing to have the authorities send his child back to the refugee camp if the child commits more than three crimes, because keeping him in the United States would do more harm than good. Another said that if a child runs away, the government should help the parents bring the child back home.

Resolving Family Conflicts

Living in the United States has changed the way Somali families deal with conflicts. The law has replaced elders in the role of ironing out family differences. When a husband and wife have a disagreement, for example, some women are told to call 911 instead of family elders. In Somali culture, elders are regarded as experts in family matters because they know how to counsel and appease all parties involved. Traditionally when there is a family conflict, the elders of both families are the first to be contacted. They then study the situation and work out ways to achieve calm and reconciliation. The participants in the focus groups expressed their desire to maintain this traditional system of conflict management and dispute resolution.

Marriage Customs

Somali religion allows men to have four wives as long as they can afford to provide for as many families. However, this practice can become a problem in refugee camps where some men who have more than one wife choose to declare only one to increase their chance of gaining entrance to the United States. This leads to social insecurity and creates a moral dilemma for Somali men who have moral and financial responsibilities to their other wives and children.

Cultural Support System

Somalis try to preserve their culture and tradition despite having left their homeland. They do this not only out of religious obligation, but also because living in new and different surroundings is made less difficult by continuing practices that are both comfortable and familiar. They see community organizations and Somali cultural groups playing an important role in this regard, but they also see the state government playing a supporting role, especially in the provision of necessary funds.

Cultural Center

Focus group participants saw a need for a Somali cultural center in the community that could serve several purposes. First, it would serve as a venue for cultural gatherings such as marriage ceremonies. At present, families hold such events in small apartments that cannot accommodate all participants. Classes could also be offered at the cultural center so Somalis could learn about American culture and non-Somalis could learn about Somali culture. Somalis felt that there was fear among employers, landlords, and other people because of their different way of life. A better understanding of each other's cultures, they thought, would allow everyone to live in harmony. Last, a cultural center would serve as an informal gathering place where Somali men and women could talk about their problems and offer each other support.

Social and Recreational Clubs

Focus groups participants expressed a desire for social and recreational clubs, including support groups, tutoring groups, hobby clubs, and sports clubs. Young Somali men aged 16–19 in particular mentioned that they needed a place where they could play sports, socialize with each other, or just have fun after school.

Koranic School and Daycare Facilities

The adults in the focus groups would like to see more culturally sensitive schools and daycare facilities for their children. The mothers thought that their children should be instructed in a Koranic school first before moving on to regular schools. This would enable the children to learn about Islam and the Koran at an early age as they do in Somalia. At present, Somali mothers watch each other's children. A culturally sensitive daycare center would allow mothers to study or find work knowing that their children will be cared for in a manner consistent with their cultural values and beliefs.

Religious Worship and Other Services

Somalis recognize and appreciate the right of people in the United States to practice their religion freely. Many said they would like government help to build a mosque as the Somali community does not have the financial resources to do so. Focus group participants reported a great need for a mosque due to the increasing number of Somalis in the community. They also suggested the need for an Islamic funeral agency in the community.

Findings by Age Group

Preteenage boys and girls had identical concerns. They talked about how their limited knowledge of English made it difficult to meet academic requirements. They cited problems with doing their homework and being teased by classmates when they mispronounced English words. They also talked about how their culture affected their relationship with their peers in and out of school. For example, they found the mixing of boys and girls in physical education classes, in the cafeteria, and at friends' parties uncomfortable.

Teenagers had similar concerns as preteens about school and relationships, except the nature of the problems were more specific to their age group. For example, the teenage girls did not like how their American classmates dressed, whereas the boys said they could not take the same classes as some of their classmates because their English was not good enough. They also talked about the difficulty they were having with schoolwork, and thought that it was because they were placed in classes according to their age rather than their ability level. They pointed to academic counseling and tutoring as solutions to their problems. They also suggested that a community recreational center would be an ideal place to relax, play sports, and talk to friends.

The adults in the focus group discussions were represented by women aged 18–35, women aged 35 and older, and men aged 50 or older. No young male parents were represented. Adults reported similar concerns: finding good affordable housing; difficulty raising children; women wearing the

xijaab and their experience in the workplace; and the need for community services and facilities that are culturally specific such as a mosque, cultural center, funeral agency, Koranic school, and daycare center. There was concern among the women about their children's limited English skills and how it affected academic performance. Among older Somalis, the prominent issues included the loneliness and isolation they felt when they could not ask their children and their family to live with them, the difficulty of getting a job at their age, and the need for adult education to learn new skills.

Findings by Gender

Most of the issues were gender-neutral but there were some issues that were gender-specific. Young girls seemed more concerned than boys about peer issues. They mentioned the discomfort they felt when mixing with boys in school, being teased about how they mispronounced English words, and not having boyfriends because they did not socialize with the opposite sex. They also felt pressure from other Somali girls to stop wearing the *xijaab* so they would fit in with the crowd. The unique issue among boys was the need for a community recreational center where they could gather after school.

The issues were more uniform across gender among older focus group participants. However, there was one difference between adult men and women: women wanted more educational materials and equipment to be available for their children so they could learn more about American culture, and they also wanted to take ABE classes. This could be explained by their culture, where traditionally men pursue an education while women stay at home to care for the family. Now that they live in the United States, Somali women see what the educational system can do for their children, and they also know that improving their own skills will enable them to help their children with schoolwork or increase their own chances for employment. The women's desire to work is also a departure from their traditional role of staying at home to take care of the family's needs.

Part Two: Survey of Community Organizations

INTRODUCTION

The survey of community organizations was conducted in order to learn about services offered and activities undertaken by various organizations that serve the refugee and immigrant populations in Hennepin County. Specifically targeted were organizations that primarily served the Somali community. Information on the services available was used in conjunction with the list of needs identified by Somalis in the focus group discussions. A comparison of services needed and services available was undertaken to see if any gap existed between the two components. This will show the types of services that are lacking and those services that need to be introduced or expanded.

The survey also revealed other information about the organizations, including the presence of Somalis on the staff, programs or services specifically oriented toward Somali clients, the major needs of the Somali community as viewed by the organizations, how these needs were identified, and collaboration with other service organizations.

SURVEY PROCEDURE

The survey was administered to organizations that served the Somali community. Meetings were held with volunteers from the Somali Resource Center to solicit suggestions for questions to include in the survey. Questions were based on their experiences with various organizations in the community. The survey instrument was designed by a contracted researcher with input from Somali volunteers. Questionnaires were either mailed or hand-delivered to organizations between March and August 2000. Organizations that did not return their completed surveys by the initial deadline were contacted through follow-up notices and by telephone in July, August, and September. Completed surveys were received from 14 of 30 organizations, for a response rate of 47%.

The organizations were contacted in cases where responses were either unclear or incomplete, or when questions were left blank. Organizational representatives who completed the survey were interviewed by phone to help clarify or solicit responses; others elaborated on their responses by e-mail. In a few cases, other staff members in the organization were contacted if they were in a better position to provide the needed information.

SURVEY RESULTS

Survey Respondents

Of the 14 organizations that responded to the survey, 4 were government departments within Hennepin County. The rest were nonprofit community-based organizations (see Figure 1).

FIGURE 1. Organizations Responding to the Survey of Community Organizations

Government Agencies
Hennepin County Children and Family Services Department (HCCFSD)
Hennepin County Community Health Department (HCCHD)
Hennepin County Medical Center (HCMC)
Hennepin County Project for Multi-Cultural Service Delivery (HCPMSD)
Nonprofit Community Organizations
Brian Coyle Center—Job Bank (BCC)
Center for Community Empowerment, Inc. (CCE)
Confederation of Somali Community in Minnesota (CSCM)
East Side Neighborhood Services (ESNS)
International Institute of Minnesota (IIM)
Lutheran Social Service of Minnesota (LSSM)
Person to Person (PTP)
Rise, Inc. (RI)
Somali Communities of America, Inc. (SCA)
Somalian Women's Association (SWA)

Description of Organizations

Table 1 summarizes the organizations' service area, clientele, mission, and major activities.

Service Area

The size of the geographic areas served by the organizations ranges from citywide to statewide, as shown in Table 2.

Population Served

The clients of the organizations have roots in countries all over the world. Populations served by the organizations range from specific to general, as shown in Table 3.

TABLE 1. Organization, Service Area, Population Served, Mission, and Major Activities of Survey Respondents

Name of organization	Service area	Population served	Mission	Major activities
Brian Coyle Center	Minneapolis	East Africans, mostly Somalis and Ethiopians	To help individuals become self-sufficient	Employment and training
Center for Community Empowerment, Inc.	Minneapolis	New refugees, primarily Somalis	To help new refugees become self-sufficient	Job referrals Career counseling Interpreter services Immigration issues
Confederation of Somali Community in America	Statewide	Somalis and other East Africans	To strengthen Somali people's capacity to become contributing members of society while keeping their culture intact	Advocacy Resettlement assistance (e.g., employment, housing, childcare) Elderly assistance Enhancement of role of women and youth Family conflict resolution Community building and empowerment Presentations about Somali culture
East Side Neighborhood Services	Hennepin County	All residents	To provide diversified services to the community	Employment Career development Elderly assistance Youth development Childcare Volunteer services

TABLE 1. *continued*

Name of organization	Service area	Population Served	Mission	Major activities
Hennepin County Community Health Department	Hennepin County	All residents	To promote and protect the health of Hennepin County residents	Health promotion (health and safety lifestyles) Health protection (disease prevention and control, food safety and inspection) Family health access Administration (e.g., Ryan White CARE Act Title 1, Emergency Medical Services)
Hennepin County Children and Family Services Department	Hennepin County	All residents	To protect and ensure permanency for children, preserve families, and strengthen communities	Child protection, foster care, adoption Daycare, children's mental health, birth-to-three, early childhood services Adolescent parents
Hennepin County Medical Center	Hennepin County	All residents	Safety net, teaching, trauma center	In-patient and out-patient healthcare Medical education
Hennepin County Project for Multi-Cultural Service Delivery	Hennepin County	Immigrants, refugees, new Americans in Hennepin County	To enhance delivery of services to refugees, immigrants, and new Americans	Cultural brokering

TABLE 1. *continued*

Name of organization	Service area	Population Served	Mission	Major activities
International Institute of Minnesota	Twin Cities, surrounding suburbs	East and West Africans, Latinos/Latinas, Middle Easterners, Asians, Russians and former Soviets	To promote the welfare of the foreign-born population and their families	Social services Casework services Education Employment and training Citizenship preparation Intercultural activities
Lutheran Social Service of Minnesota	Statewide	Refugees (two outstate offices targeted to Somalis), welfare recipients	To provide social services to the residents of Minnesota	Refugee resettlement Employment services Green card application processing Limited immigrant services
Person to Person	Minneapolis	Immigrants and their families, African American single women	To support the efforts of low-income families as they strive to achieve self-sufficiency	Education (e.g., ESL, GED, citizenship) Homelessness prevention Winter coat drive
Rise, Inc.	Hennepin County	Mainstream population, people of color, foreign-born population	To help people with disabilities and those who face other barriers to employment attain vocational achievement, self-sufficiency, and belonging	Vocational rehabilitation Culturally sensitive employment services

TABLE 1. *continued*

Name of organization	Service area	Population served	Mission	Major activities
Somali Communities of America, Inc.	Twin Cities	Somalis	To improve the lives of Somali families	Education Social action Human services
Somalian Women's Association	Twin Cities	Somali women and their children	To serve the special needs of Somali women	Support groups Education (e.g., basic skills, ESL, health) Information and advocacy Referrals Translator and interpreter services Sexual assault counseling Childcare

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TABLE 2. Geographic Area Served by Survey Respondents

Geographic area served	Organization
Minneapolis	Brian Coyle Center (BCC) Center for Community Empowerment, Inc. (CCE) Person to Person
Hennepin County	East Side Neighborhood Services Rise, Inc. Hennepin County Children and Family Services Department Hennepin County Community Health Department Hennepin County Medical Center Hennepin County Project for Multi-Cultural Service Delivery
Minneapolis–St. Paul	International Institute of Minnesota Somali Communities of America, Inc. Somalian Women's Association
State of Minnesota	Confederation of Somali Community in Minnesota Lutheran Social Service of Minnesota

TABLE 3. Populations Served by Survey Respondents

Population served	Organization
Somalis	Somali Communities of America, Inc. Somalian Women's Association
East Africans (Somalis, Ethiopians, Eritreans)	Brian Coyle Center Confederation of Somali Community in Minnesota
All refugees, immigrants, and minorities	Center for Community Empowerment, Inc. Hennepin County Project for Multi-Cultural Service Delivery International Institute of Minnesota Person to Person
General population	East Side Neighborhood Services Hennepin County Children and Family Services Department Hennepin County Medical Center Hennepin County Community Health Department Lutheran Social Service of Minnesota Rise, Inc.

Mission

The organizations' missions fell into the following categories:

1. to help individuals become self-sufficient
2. to help foreign-born individuals and families adjust to life in Minnesota
3. to provide economic and social services
4. to safeguard the health of Minnesota residents
5. to protect children, preserve families, and strengthen communities

The organizations with a mission to help individuals achieve self-sufficiency focus on specific populations. For example, CCE focuses on new refugees who are primarily Somalis, PTP focuses on low-income families, RI focuses on people who have disabilities or face other barriers to employment, and BCC focuses on individuals who are in need of employment.

Organizations that help foreign-born residents adjust to life in Minnesota are interested in promoting the general welfare of the population (IIM), strengthening their capacity as contributors to society while keeping their culture intact (CSCM), and serving the special needs of Somali women (SWA).

Some organizations specialize in providing economic and social services. Some directly provide a diverse array of services as needed by the community (ESNS) or the state as a whole (LSSM). One organization, HCPMSD, performs the unique function of cultural brokering. The department's staff work as cultural brokers by coordinating the needs of clients in its own department (and other Hennepin County departments) with the services available in the community.

Two organizations focus on safeguarding the health of Hennepin County residents: HCMC provides health services and education, while HCCHD protects and promotes the health of residents. Health protection activities of HCCHD include disease prevention and control; clinical and epidemiological services; and inspection of food, beverage, and lodgings. Health promotion activities are focused on tobacco and alcohol consumption, violence and injury prevention, and nutrition. Family health access includes services such as clinical services to uninsured individuals, access to publicly funded healthcare programs, and teens and tots medical services. The Coordinated Home Services program provides community support to residents with disabilities.

One organization—HCCFSD—focuses on protecting and ensuring permanency for children, preserving families, and strengthening communities.

Major Activities

Many of the major activities reported by the organizations surveyed were similar. The major types of activities include the following:[1]

- employment (job search, referral, counseling, training, vocational rehabilitation)
- education (basic skills and ESL classes, GED, citizenship preparation)
- interpretation/translation (on matters related to employment, housing, and medical care)
- information, advocacy, and referral for immigrants and refugees (on issues pertaining to housing, immigration, and legal matters)
- resettlement assistance for immigrants and refugees (help on immediate matters such as employment, childcare, housing, medical attention)
- health education and information
- assistance for seniors
- childcare
- youth development

Some activities were unique to certain organizations. These include the following (organizations are noted in parentheses):

- intercultural activities (IIM)
- homelessness prevention programs (PTP)
- specialized services for women (enhancing the role of women in the community offered by CSCM; sexual assault counseling and support groups offered by SWA)
- children's services (child protection, foster care, adoption, daycare, mental health, birth-to-three services, early childhood services, assistance to adolescent parents offered by HCCFSD)
- medical care (HCMC)
- health promotion, protection, and access (HCCHD)
- cultural brokering (HCPMSD)

Number of Clients

Table 4 shows the average number of clients served by the organizations per week and the percentage of these clients that is Somali. For organizations that reported a range for the number of clients seen, the midpoint (average of lower and upper limits) was used, and this is the number that appears in the tables that follow.

The number of clients served by the organizations varied widely. The number of clients ranged from 9 per week (PTP) to 8,000 per week (HCMC), while the number of Somali clients served ranged from 4 (ESNS, PTP) to 430 (LSSM) per week. Somalis make up anywhere from less than

[1] Classification was based on major activities reported by three or more organizations.

TABLE 4. Average (Mean) Number of All Clients and Somali Clients per Week by Organization

Organization	Number of all clients	Number of Somali clients	Pct. of clients that are Somali
BCC	30	27	90
CCE	10	10	100
CSCM	38	37	98
ESNS	16	4	25
HCCFSD	2,750	10	<1
HCCHD	100	33	33
HCMC	8,000	250	3
HCPMSD	88	68	77
IIM	300	125	42
LSSM	1,047	430	41
PTP	9	4	44
RI	69	36	52
SCA	200	200	100
SWA	12	12	100
Average	905	89	10

1% to 90% of the clientele for those organizations that serve a varied population. Although CCE serves many refugees, immigrants, and people of color, they had only Somali clients at the time of the survey.

Although there are various factors that would explain the number of Somalis served, such as an organization's service area or the accessibility of services, the number of Somali clients indicates the extent of their needs. For example, the organizations that see a large number of Somalis are LSSM (430), HCMC (250), SCA (200), and IIM (125). Based on the focus of each of these organizations, it can be inferred that the Somalis' greatest needs are social services, education, medical care, and assistance with immigration issues.

For all organizations, the average (mean) number of clients seen per week was 905, of which 89 or (10%) were Somali. These numbers, however, could be skewed by the size of the organizations' service areas. Table 5 shows the average (mean) number of clients by service area.

As expected, Somalis make up a significant portion of the total number of clients of smaller organizations that serve either Minneapolis only (88%) or the Twin Cities (65%). This could be attributed to the type of services offered by the organizations and the populations to which they are targeted. All of them serve a large East African population, mainly Somali, and offer employment, education, and other types of assistance for newly arrived refugees and immigrants. Also, the organizations are geographically accessible. More than three-quarters of the Somali population in Minnesota lives in the Twin Cities, with the majority living in Minneapolis.

TABLE 5. Average (Mean) Number of All Clients and Somali Clients per Week by Service Area

	Total number of clients	Number of Somali clients	Pct. of clients that are Somali
State of Minnesota			
CSCM	38	37	98
LSSM	1,047	430	41
Average	542	234	43
Minneapolis-St. Paul			
IIM	300	125	42
SCA	200	200	100
SWA	12	12	100
Average	171	112	65
Hennepin County			
ESNS	16	4	25
HCCHD	100	33	33
HCDCFS	2,750	10	< 1
HCMC	8,000	250	3
HCPMSD	88	68	77
RI	69	36	52
Average	1,837	67	4
Minneapolis			
BCC	30	27	90
CCE	10	10	100
PTP	9	4	44
Average	16	14	88

In contrast, the organizations that offer a wider range of services and have larger service areas see fewer Somalis. For those serving Hennepin County, Somali clients make up only 4% of the total clientele on average. It is worth noting, however, that Somali clients make up 77% of the total clientele served by HCPMSD. This organization has an East African Liaison Project that specifically provides services to the Somali population. Services range from assistance with interpretation, completion of applications and other written forms, information and referral, and cultural brokering.

Also worth noting are the numbers for LSSM. This organization serves the entire state of Minnesota, yet Somalis make up 41% of its clients. The organization has outstate offices in Marshall and Moorhead, and the Marshall office is targeted to Somalis. Given that LSSM offers employment, refugee resettlement, and some immigration services, the large proportion of Somali clients is again indicative of the nature of their needs.

Another way of looking at the concentration of Somali clients in service organizations is to differentiate by sector (see Table 6). On average, government departments see about 90 Somali clients a week, whereas private organizations see 88 Somali clients per week. Although the numbers are comparable, private organizations see more Somalis relative to the total number of clients served (51%, compared to 3% for the government organizations). This is due to the fact that the smaller organizations offer more population-targeted services. However, these figures draw attention to the smaller organizations' capacity to meet the needs of its largest client group.

Composition of Board and Staff

The organizations surveyed were asked about the composition of their board and staff to determine if Somali interests are represented in decision making or in policy design and implementation activities within the organizations. If Somalis make up a fairly large proportion of an organization's client population, one way to ensure that their needs are well served is to involve Somalis as administrators and direct service providers.

Of the 14 respondents, 12 answered the question, 1 reported that it had no board, and 1 did not have the information. Of the 12 organizations that contributed information, 5 reported that there were Somalis on their board (Table 7).

Among those who had Somalis on their board, it is no surprise those that served only or primarily Somali clients—CCE, SCA, and SWA—had boards that were 100% Somali (see Table 4 for the percentage of Somali clients). The organization CSCM, whose clientele is 98% Somali, had 12 Somali board members out of 15 (80%). This suggests that Somali interests

TABLE 6. Average (Mean) Number of All Clients and Somali Clients per Week by Sector

	Total number of clients	Number of Somali clients	Pct. of clients that are Somali
Government agency (public sector)			
HCCFSD	2,750	10	< 1
HCCHD	100	33	33
HCMC	8,000	250	3
HCPMSD	88	68	77
Average	2,734	90	3
Nonprofit organization (private sector)			
BCC	30	27	90
CCE	10	10	100
CSCM	38	37	98
ESNS	16	4	25
IIM	300	125	42
LSSM	1,047	430	41
PTP	9	4	44
RI	69	36	52
SCA	200	200	100
SWA	12	12	100
Average	173	88	51

are well represented in administration as indicated by the near proportionality between the percentage of Somalis on the board and among its clients.

Table 8 shows the number of Somalis on the staff of the organizations surveyed. Table 9 compares the number of Somalis as a percentage of total clients and staff at the various organizations (numbers are derived from Tables 2 and 6). The organizations are listed in descending order by percentage of Somali clients. The numbers show that, for most organizations, the Somali composition of the staff reflects the Somali composition of the client population served. Organizations with a high (low) percentage of Somali clients also have a high (low) percentage of Somalis on their staff. Organizations with a few Somali on their staff relative to the large number of Somali clients they serve include BCC, RI, PTP, IIM, and LSSM.

TABLE 7. Number of Board Members and Somali Board Members by Organization

Organization	Board members	Somali board members
BCC	None	None
CCE	5	5
CSCM	15	12
ESNS	32	1*
HCCFSD	7	0
HCCHD	7	0
HCMC	7	0
HCPMSD	7	0
IIM	30	0
LSSM	unknown	unknown
PTP	11	0
RI	12	0
SCA	9	9
SWA	8	8

*The staff member who completed the survey for ESNS said they knew of "at least one."

Somali-Oriented Programs and Services

The organizations surveyed were asked if they had programs or services that were specifically oriented toward their Somali clients. A majority of the organizations reported that they did (see Table 10).

It is no surprise that all of CSCM's and SWA's programs are oriented specifically toward Somalis because their clientele is (or is almost) exclusively Somali. Although CCE has an all-Somali clientele, only some of its programs or services are oriented toward Somalis. This is because CCE serves refugees from other countries, although at the time of the survey all of its clients were Somalis.

Three organizations—HCCFSD, IIM, and LSSM—did not have any program or service geared towards Somalis. Both HCCFSD and LSSM said that their programs are open to everyone regardless of country of origin, so their programs are designed for a diverse clientele. However, LSSM suggested that the presence of Somalis on its staff indicates that the needs of its Somali clients are given particular attention.

TABLE 8. Number of Staff Members and Somali Staff Members by Organization, Full-Time Equivalent, and Type of Position

Organization	Total Staff	Somali Staff	Full-time Staff	Full-time Somali Staff	Part-time Staff	Part-time Somali Staff	Administrative	Professional	Support	Volunteer
BCC	10	2	10	2	0	0	1	10	0	4
CCE	2	2	2	2	0	0	0	2	0	3
CSCM	8	8	5	5	3	3	2	0	8	25
ESNS	134	†	105	†	29	†	13	68	35	†
HCCHD	300	6	†	6	†	†	†	†	†	†
HCCFSD	846	0	812	0	34	0	†	†	†	†
HCMC	4,600	†	3,800	†	800	†	12	2,000	2,600	100
HCPMSD	7	5	7	5	0	0	2	2	1	1
IIM	47	2	35	2	12	0	3	47	2	†
LSSM	29	7	29	7	0	0	5	27	2	0
PTP	5	0	5	0	0	0	5	0	0	35
RI	200	2	†	2	†	0	†	†	†	†
SCA	20	20	15	15	5	5	3	7	3	5
SWA	9	6	5	3	4	3	0	5	4	2

* Some staff members performed duties that fell under more than one position and thus were counted in more than one category.
† The number of staff in this category is unknown.
‡ Respondent did not provide a specific number, but noted that the organization's volunteers number "in the thousands."

TABLE 9. Somalis as a Percentage of Total Clients and Total Staff by Organization

Organization	Pct. Somali clients	Pct. Somali staff
CCE	100	100
SCA	100	100
SWA	100	67
CSCM	98	100
BCC	90	25
HCPMSD	77	71
RI	52	1
PTP	44	0
IIM	42	4
LSSM	41	2
HCCHD	33	24
ESNS	25	unknown*
HCMC	3	unknown*
HCCFSD	< 1	0

* These organizations did not classify their staff by nationality.

TABLE 10. Organizations with Programs or Services Oriented toward Somalis

Programs or Services for Somalis		
All	Some	None
CSCM	BCC	HCCFSD
SWA	CCE	IIM
SCA	ESNS	LSSM
	HCCHD	
	HCMC	
	HCPMSD	
	PTP	

The services offered by organizations oriented specifically toward Somalis include the following:

- immigration/refugee services
- interpretation/translation services
- employment services
- social services
- healthcare services
- education (ESL, basic skills, adjusting to life in Minnesota)
- information, referral, and advocacy
- sexual assault counseling
- cultural issues

Somali-Oriented Programs and Services Conducted in Somali

Some of the programs or services oriented toward Somalis are conducted in the native Somali language (see Table 11). Because PTP has no Somalis on staff, none of the services it offers are conducted in the native Somali language. The clients of BCC are 90% Somali, but only 25% of its staff is Somali. This could explain why only one of its employment and training services (a workshop for Minnesota Family Investment Program participants that explains program regulations) is conducted in Somali. Only one of SCA's services (cultural issues) is conducted in Somali. However, this could be explained by the nature of its two other programs, ESL and orientation, which are best conducted in English.

TABLE 11. Number of Somali-Oriented Programs or Services Conducted in Somali by Organization

All	Most	One	None
CCE	CSCM	BCC	PTP
HCMC	ESNS		HCCFSD*
HCPMSD	SWA		IIM*
HCCHC	SCA		LSSM*
RI			

* These organizations do not have Somali-oriented programs or services.

Interest in Providing Additional Services to the Somali Community

The organizations surveyed were asked if they were interested in offering more targeted services in the future. The purpose of the question was twofold: first, to find out if there are emerging needs in the Somali community as indicated by the demand for certain services among Somali clients,

and second, to discover whether or not there are plans to address these needs in the future. Table 12 shows how organizations responded.

TABLE 12. Interest in Increasing or Adding Somali-Oriented Programs or Services in the Future by Organization

Interested in increasing or adding Somali-oriented programs or services?	Currently offering Somali-oriented programs or services	Not currently offering Somali-oriented programs or services
Yes	CCE, ESNS, HPMSD, RI, SCA, SWA	—
No	CSCM, HCMC, PTP	HCCFSD, IIM, LSSM
Not sure/maybe	BCC, HCCHD	—

Among the nine organizations already offering Somali-oriented programs or services, HCCHD was unsure, BCC said it was "open to discussion" if the subject comes up in the future, and three organizations (CSCM, HCMC, and PTP) had no plans to add programs or services. Six organizations indicated they would like to add more services in the future, as follows:

CCE and SCA—provide education and training services (e.g., life skills, computer skills, ESL)

ESNS—translate documents into Somali and hire a Somali for the job

HCPMSD—identify barriers to obtaining appropriate health, social service, and self-sufficiency services

RI—expand programs, hire more Somalis, open a culturally sensitive daycare

SWA—create culturally sensitive childcare service, provide more sexual assault advocacy

The responses varied from increasing the volume of current services to adding new services or hiring Somali employees. For HCPMSD, the focus has shifted from only providing services to also identifying barriers to receiving services. The organization is currently interested in identifying barriers within the Somali community to obtaining appropriate health, social, and self-sufficiency services.

None of the five organizations not currently offering Somali-oriented programs or services had any plans to do so in the future. For its part, HCCFSD is committed to its mission of opening its programs and services to everyone, and does not wish to focus on a particular group. This explanation was echoed by LSSM, which claimed it is open to the idea of offering more services, but only services that are not targeted to a specific group. Although LSSM sees housing as an emerging need among Somalis, it is not the organization's focus.

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The organization HCMC serves a significant number of Somalis. It does not see any specific new needs arising from the Somali community. However, it has witnessed a steady increase in the *volume* of services demanded, and it is experiencing a shortage of doctors and nurses. Community hospitals facing the same problem have responded by limiting their intake capacity. But because HCMC is a public service institution, it cannot turn away people. As a result, those who cannot be served by community hospitals go to HCMC. It has become the "last safety net." The organization is facing, and will continue to face, cost constraints. This problem has serious implications for the Somali community in terms of medical care. This survey showed that HCMC sees the second largest number of Somali clients—around 250 per week (see Table 4). Cost problems faced by HCMC would mean either that the number of Somali clients that can be seen will decrease or stay constant (additional clients can no longer be accommodated by HCMC), or that the quality of services they receive will decline if the organization attempts to serve more individuals.

How the Needs of the Somali Community Were Identified

The programs of most of the organizations surveyed were designed with the needs of the Somali community in mind. The survey asked organizations how these needs were or are identified. The responses fell into four categories, with some organizations providing more than one response: (1) the needs arise as they go about their day-to-day business with clients, (2) they make an effort to stay attuned to the needs of Somalis around them, (3) they consult with other organizations about services that are in high demand, and (4) they undertake activities specifically designed to uncover client needs. Table 13 shows the distribution of responses.

Needs are identified by some organizations through normal daily interactions with clients. Some identify the need when the situation arises (reactive), and sometimes their clients make suggestions regarding needed services. Other organizations make an effort to stay in touch with the Somalis around them by getting involved in the community and by listening to the Somalis on their staff. Some organizations stay in touch with other community service providers, perhaps to gauge whether referrals from other providers are forthcoming and whether they need to adjust their operations accordingly. The Hennepin County organizations work closely with each other, and HCCFSD and CHCHD collaborate with HCPMSD. The primary mission of HCPMSD is to act as a cultural broker for clients (including Somalis) accessing services offered by community organizations and other Hennepin County departments.

Some organizations undertake activities that are designed specifically to discover the needs of their clients. These include needs assessments, agency

TABLE 13. How Organizations Identify the Needs of the Somali Community

Response	Organization*
Part of normal daily activity	
Respond to service demands	ESNS, HCCFSD, HCMC, IIM, LSSM, RI
Consider client suggestions	PTP
Stay attuned to the needs of Somalis	
Involvement in the community	BCC, CCE
Listen to Somali staff	BCC, HCCHD
Consult with other organizations	
Stay in touch with other community service providers	BCC, CSCM
Collaborate with HCPMSD	HCCHD, HCCFSD
Undertake a specific activity to uncover needs	
Conduct needs assessment	CSCM, HCPMSD
Conduct evaluations	SWA
Conduct workshops and discussions	SWA
Provide cultural sensitivity training for staff	HCCFSD
Conduct interviews of immigrant groups	HCCFSD
Conduct interviews of local area employers and service providers	CCE

*Some organizations gave more than one response.

evaluations, workshops and discussions, cultural sensitivity training of staff members, and interviews with immigrant groups and local service providers and employers.

These results show that the organizations make a serious effort to correctly identify the needs of the Somali community. They employ a variety of methods, and some organizations utilize more than one approach.

Major Needs of the Somali Community

The organizations surveyed were asked to provide their perspectives on the major needs of the Somali community. A majority of the organizations identified more than one need. Some answers were mentioned more frequently than others. The following is a list of the needs of the Somali community as viewed

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by the survey respondents, starting with the most frequently cited needs (numbers in parentheses indicate the number of times the item was cited):

1. Housing (8)
2. Education for children and adults, including basic skills and ESL/language skills (7)
3. Jobs and job training (6)
4. Acculturation, intercultural skills, greater support from American community, adjustment support (4)
5. Childcare (4)
6. Transportation (3)
7. Interpreter/translator (1)
8. Medical care access (1)
9. Reunification with family members (1)
10. Women's programs (1)
11. Youth programs (1)
12. Greater participation in commercial activity (1)
13. Establishment of credit history, employment history, and rental history (1)

The survey respondents did not elaborate on their answers, although PTP mentioned that childcare was important for Somali women receiving government assistance to move from welfare to work. In addition, ESNS mentioned that greater participation in economic activity was important in achieving self-sufficiency. Right now there are a number of Somali-owned businesses in Minneapolis, including restaurants, groceries, barber shops, and dress shops. Somalis acting collectively will secure more financial resources, and this is where assistance is most needed.

Collaboration with Other Service Organizations

All survey respondents indicated that they collaborated with other service provider organizations. The collaborations involved such things as finding out which services are in demand, referring clients to other providers if an organization is not able to provide the needed service, or acting as a cultural broker between Somali clients and other organizations. Some collaborators were more frequently mentioned than others. The list of organizations that the respondents collaborated with includes the following (numbers in parentheses indicate the number of times the organization was mentioned):

Brian Coyle Community Center (1)
Bridging, Inc. (1)
Center for Victims of Torture (1)
Community University Health Care Center (2)
Confederation of Somali Community in Minnesota (2)

First Call for Help (2)
Hennepin County Economic Assistance Office (1)
Hennepin County Medical Center (1)
Hennepin County Project for Multi-Cultural Service Delivery (3)
Hope Community (1)
Horn of Africa (1)
International Institute of Minnesota (1)
Legal Aid (2)
Lutheran Social Service of Minnesota (1)
Minnesota Advocacy for Human Rights (1)
Minnesota Literacy Center, Inc. (1)
Off Street (1)
Parents of East Africans Community Effort (1)
Person to Person (1)
Phillips Community Initiatives for Children (1)
Pillsbury Neighborhood Services (1)
Red Cross (1)
Somali Community of Minnesota, Inc. (3)
State of Minnesota Department of Health (1)
State of Minnesota Rehabilitation Services (1)
Community clinics (1)
Community organizations serving Somalis, Eritreans, Sudanese (1)

These collaborative relationships reveal the following:

- each Hennepin County department collaborated with other county departments and community organizations
- community organizations collaborated with county and state departments and other community organizations
- only community organizations collaborated with state departments

The kinds of services tapped from other organizations included the following:

- food
- housing
- clothing
- furniture
- education or training
- medical care
- legal aid
- advocacy
- interpretation/translation
- family issues intervention

Part Three: Selected Studies on the Somali Immigrant and Refugee Population in Minnesota

This section briefly reviews several previous studies of the Somali community in Minnesota. In recent years, a good body of literature concerning the immigrant and refugee population in the state has emerged in the form of academic and community-sponsored studies, as well as magazine and newspaper articles. This literature responds to the dramatic growth in the foreign-born population, how this population has had to adapt to American society, and how different foreign-born communities have responded to their unique needs. This section considers four studies that targeted the Somali community, and provides a brief description and summary findings of each study. The points raised here will be useful in determining how the present study has contributed to the literature and what alternatives exist for an expanded study in the future.

"SPEAKING FOR THEMSELVES: A SURVEY OF HISPANIC, HMONG, RUSSIAN, AND SOMALI IMMIGRANTS IN MINNEAPOLIS—ST. PAUL" (NOVEMBER 2000)

This study by the Wilder Research Center (2000) surveyed four major immigrant groups in the Twin Cities. Adult respondents were randomly chosen from neighborhoods with a high concentration of a particular immigrant group. Responding to the survey were 274 Hmong, 218 Somali, 198 Russian, and 200 Hispanic/Latino immigrants. The study also included 227 immigrants from other countries whose responses were included whenever overall results were reported. The total number of respondents was 1,117.

The study compared the responses of the four immigrant groups on a number of issues:

1. Reasons for coming to Minnesota. A majority of respondents in each group said that they left their home countries because of fighting or danger. The top reasons for wanting to come to the United States were family and employment. Minnesota was the first home for the majority of all study participants. For those who lived elsewhere before coming to the state, family and friends already living here and available jobs were the top reasons for coming to Minnesota.
2. Language ability. About one-third of respondents reported that they could "speak and understand English very well," one-fifth said they

could not speak English at all, and two-thirds said they could read a daily English newspaper at least "a little."

3. How Americans treat them. About 80% of respondents thought that Americans in Minneapolis and St. Paul were "usually friendly" to them, and 75% answered "no" when asked if they were ever mean or unkind to them. A high proportion (40%) thought that Americans understood what life was like in their own countries. Two-thirds felt that teachers in their children's school knew enough about their culture.
4. Feelings about leaving home. Most respondents said they missed their native country and hoped to return in the future.
5. Cultural identity. Nearly three-fourths (74%) of respondents identified more with their native culture than with American culture. More than one-third (38%) would rather keep the language and ways of their own culture, while only 15% said they would like to become more American.
6. The next generation. A majority of the respondents said that they wanted their children to try to be like Americans as they grow up, but also keep as much of their native culture as possible.
7. Children and schools. About half of the respondents had at least one child aged 18 or younger living in the household. More than one-third (39%) had children in private or public schools in Minnesota.
8. Religious identification. The predominant religion was Christian among Hispanics/Latinos, Shamanistic among the Hmong, Jewish among Russians, and Muslim among Somalis. A large percentage of respondents did not experience difficulty practicing their own religion in the United States.
9. Employment. More than one-half (54%) of respondents held paying jobs, but many of the jobs were considered low-pay and low-skill. Slightly less than half (44%) held unskilled labor or service jobs. Those who had lived in the United States longer tended to be the ones who held higher level or higher paying jobs, suggesting that longer time spent in the United States increases one's opportunities for advancement.
10. Stress related to being an immigrant. Language was the greatest source of stress for all respondents.
11. Getting news and information. The top source of local Minnesota news was television. The top source of local ethnic news and news about their home countries was family and friends.

Specific findings for the Somali group included the following:

- 66% finished high school
- 48% were married, and 36% were single
- 54% had at least one child aged 18 or younger in the household

- 39% spoke and understood English very well, and 11% could not speak any English
- 51% of those not fully confident in their English skills were taking classes
- the top causes of immigration-related stress were separation from family and friends (22%), language barrier (21%), and homesickness or isolation (11%)

Comparing the Somali group to the other three immigrant groups, Somalis were:

- more likely to have lived elsewhere in the United States before moving to Minnesota (62%)
- more likely to be geographically separated from their spouse (18%)
- more likely to be taking English classes if not fully confident in their fluency (51%)
- more likely to be hopeful of returning to their native country someday (71%)
- more likely to turn to the Internet as a source of news, especially news from their native country (42%)

"EMERGING IMMIGRANT COMMUNITIES IN SOUTH HENNEPIN" (DECEMBER 1999)

This study was conducted by the South Hennepin Regional Planning Agency (1999). Trends in state, regional, and local immigration were identified using a combination of data sources and approaches. As immigrants are historically undercounted in the U.S. Census enumeration process, the study attempted to quantify immigration numbers. Qualitative information was also used to gain an understanding of trends and issues that surround immigration in Minnesota, including the following:

1. why immigrants are moving to Minnesota, and how likely they are to continue moving to Minnesota
2. how rapidly immigrant communities are growing
3. who immigrants are, and where they come from
4. the implications of immigration for employers, schools, cities, social service agencies, and other community organizations
5. the struggles immigrants face in adapting to a new culture
6. the strengths and contributions immigrants bring to South Hennepin
7. what community institutions should do to adapt to and prepare for the changing population

The main data sources of the estimates on immigration populations and trends were the State Department of Human Services and Minnesota Planning. These were supplemented by the following:

- 1990 U.S. Census data
- enrollment data for adult literacy classes from the South Hennepin Adult Programs in Education (SHAPE)
- enrollment and student race/ethnicity data from ESL classes
- birth data
- student transfer data from the State Department of Children, Families, and Learning
- data on where immigrants live from a survey of apartment managers in South Hennepin
- data on growth and change in families served from interviews with human service provider agencies
- data from focus groups on the challenges and opportunities facing, and contributions made by, South Hennepin immigrants
- data on immigration trends and implications from an immigration forum

Some of the findings of the study are listed below.

State and Metro Area Immigration Trends:

- The overall population has been growing statewide and will continue to grow slowly during the next 25 years.
- Foreign-born immigrants account for much of the population growth among persons of color.
- A significant number of new immigrants are refugees. Southeast Asians have been the dominant refugee population during the past two decades. This population will continue to grow, but they will no longer dominate as a growing number of refugees from East Africa and the former Soviet Union make their way to Minnesota.
- The fastest growing immigrant group statewide is Hispanic/Latino. It is expected to equal the Black population in size by the year 2025.

Demographic Trends in South Hennepin:

- The growth in immigrant communities in South Hennepin has been significant during the past decade. The growth appears to have accelerated during the past three to five years and is expected to continue at a similar pace in the future.
- School enrollment numbers, ESL students, birth records, and interviews with apartment managers and human service providers all indicate significant growth among immigrant communities.
- Asian and Pacific Islanders have been the dominant group for the past 20 years, but growth in this population has begun to slow. The growth

rate is accelerating for the Hispanic/Latino, African, and Eastern Europe populations.

- The number and makeup of immigrants differ among the four South Hennepin communities due to the timing of the communities' development and the affordability of their housing stock. In general, the greatest growth has occurred in Richfield, followed by Bloomington, Edina, and Eden Prairie. Eden Prairie is becoming home to a significant number of Russian and Somali refugees.
- Immigrants tend to live in clusters and are geographically concentrated in certain areas and neighborhoods within each community, with the greatest concentration in east Bloomington and Richfield.
- The clustering is due to a combination of factors such as a preference to live with people from their own culture, concentration of entry-wage employment opportunities, and affordable housing.
- The clustering means that certain schools, area businesses, and other community organizations are more highly affected than others by the boom.
- The influx of immigrants has helped to alleviate workforce shortage. Immigrants also contribute economically as renters, homeowners, and consumers.
- Immigrant students tend to be lower income and more transient than higher income non-immigrant families. Unstable housing and income make learning more challenging for students.

Immigrant Perspectives:

- The attractiveness of Minnesota as a place to live is the same for most immigrants: family and jobs.
- Most immigrants moved to Minnesota because they receive higher wages and better educational opportunities than in other larger cities.
- Most immigrants moved to South Hennepin because of good schools, clean and safe neighborhoods, affordable housing, and access to jobs near the Interstate 494 corridor.
- Refugees receive support from refugee resettlement organizations, which provide cash assistance, housing, employment, and help in finding ESL classes and community-based organizations.
- There are more immigrants than there are organizations to assist them. This makes adjusting to a new culture more difficult, especially for adults, who have a harder time learning English.
- Language is the most significant barrier, regardless of income. It is especially significant for adults who have to stay home to care for children and therefore have no opportunity to take classes.
- Many immigrants have been rejected for a job because of the language barrier.

- Barriers to employment vary. Professionals, primarily men, have the fewest difficulties; those with the greatest difficulties are single parents who are required to work under current welfare regulations.
- Finding quality and affordable childcare is a difficult challenge for immigrants.
- Lack of transportation is a challenge. Many immigrants rely on car-pooling with family and friends for transportation. They find the bus system difficult to understand, and buses do not always go where they need to go.
- Transportation difficulties significantly impact the ability of immigrants to get their children to daycare, get to work, and become involved in community activities.
- Lack of housing is a big concern for immigrants. The four main issues related to the problem are availability, size, affordability, and quality.
- Concerns about healthcare are mixed. Those living in Edina have insurance, whereas many working in entry-level jobs either did not have insurance or had poor insurance coverage. Somali families did not raise the issue of healthcare coverage or access, as they were eligible for economic assistance and received medical assistance as part of the Minnesota Family Investment Program.
- Holding on to traditional norms is considered important, but was not identified as a big barrier. More than any other group, Somali women said that maintaining cultural traditions is one of their biggest concerns, and they expressed a need for a Somali gathering place.
- Most immigrants live near people from their own culture or near other immigrants. Those who feel most isolated are Edina residents who see few immigrants, and women who do not have cars and cannot attend ESL classes or other community activities. Isolation was not an issue among students.
- Resources and support that immigrants rely on include family and friends from the same culture (a primary resource), cultural groups, schools, employers, the Yellow Pages and the Internet, television, interpreters, and city and state offices.
- Maintaining religious and cultural practices was an important issue. The most important traditions were language, prayer, and religious holidays.
- There was concern about the differences in child-rearing practices between their native cultures and American society.

<u>Suggested Community Strategies to Support New Immigrants</u>:

- Schools—Create resource person/advocate/interpreter positions, hire bilingual staff and translate important school communications, increase

flexibility with regard to cultural and religious practices, expand tutoring programs to assist both parents and students, and expand affordable after-school activities with special outreach efforts to immigrant students and families.

- English classes—Provide more intensive training over several months, provide low-cost childcare and transportation to help immigrants attend classes, and provide more evening classes for those who work and for women with children.
- Employment and childcare—Develop a database of employers who hire non-English speakers and offer job skills training, create more flexible work environments to allow employees to wear culturally and religiously appropriately dress, and provide culturally appropriate childcare.
- General community—Provide community orientation for new immigrants; develop easy-to-understand bus information; support ethnic-specific cultural centers, daycare programs, and clothing stores; and promote cultural diversity.
- Housing—Increase flexibility in rental standards, increase rent subsidies, and create more three-bedroom apartment units.
- Social services—Establish translation services at clinics, simplify access to employment and other social services, and hire more staff from different ethnic cultures at organizations that serve immigrants.

"SOMALI FAMILY STRENGTH: WORKING IN THE COMMUNITIES" (JUNE 1999)

Uprooted and transplanted refugee families face significant challenges in their efforts to remain strong while living within vastly different cultural environments. Knowledge about immigrant families and how they build strong families is important for facilitating effective programming within public institutions in areas such as education, healthcare, and employment. However, little is known about what bolsters family strength among Somali immigrant families within the Twin Cities resettlement context. This study (Heitritter 1999)—prepared for the Family and Children's Service of Minneapolis and the University of Minnesota Extension Service—used focus groups to address the issues of Somali family strength, challenges to building Somali family strength, and strategies for promoting Somali family strength.

The study identified four main principles essential to strong families. Unity emerged as the core theme.

1. Loyalty, respect, and a stable hierarchical role structure support spiritual unity within families.
   - A hierarchical role structure is essential to stability.

- Men and elder family members are assigned positions of highest respect by religious tradition, and overall responsibility for family unity and well-being.
- Women defer to men, especially in public.
- Lifelong respect of parents is the parent's right and the child's obligation.

2. Cooperation and role responsibility support social unity within families.
   - Specific role responsibilities are prescribed by religious tradition with distinct categories for men and women.
   - Roles and family dynamics differ in the public and private domains. Men are dominant in public and women are dominant in home management.
3. Peace, harmony, and health promote psychological unity within families.
   - Peace promotes strong families.
   - Harmony is experienced when family roles complement one another as prescribed by religious tradition.
   - Health means holistic well-being. Physical, mental, and spiritual health are related rather than separate categories.
4. Interdependence and support through the sharing of resources maintains strong families through the physical unity of family members.
   - Families rely on both the physical environment and physical proximity of extended family members for necessary resources.
   - Interdependence and sharing of resources is expected between generations within families, and between families and the greater Somali community.

Some of the specific challenges to Somali family strength are listed below.

<u>Challenges to Somali Families at Interfaces of Culture</u>:

- interference in internal family conflicts by U.S. institutions
- children's access to 911 and resulting shift in power dynamics within families
- barriers to employment for women related to religious attire
- alterations of role functioning (e.g., women becoming single mothers)
- language barriers in healthcare setting
- lack of healthcare resources
- bureaucratic barriers to family reunification
- lack of knowledge of U.S. laws and institutions

<u>Challenges to Somali Families within Family Groups</u>:

- disruptions of authority within religiously prescribed hierarchy (ignoring wisdom of elders in family conflict resolution)
- psychological stress related to ambiguous knowledge about missing family members

- psychological stress related to uncertainty about the well-being of family members in refugee camps
- psychological stress related to lack of financial resources of family members in other countries

Challenges to Somali Families by Family Members:

- lack of respect for hierarchy (e.g., husband/wife conflicts)
- disloyalty to family unity
- disrespect for intergenerational boundaries (e.g., children do not listen to parents)
- disruption of psychological peace and harmony due to missing or lost family members
- increased role responsibilities due to incomplete family structures created by missing members
- isolation

The study also suggested some strategies for managing the challenges to family strength. The following are examples of these strategies:

- educate Americans about Somali religious and cultural traditions
- request training for Somali translators in healthcare systems
- require healthcare instructions to be written in Somali
- rely on networking in community for employment opportunities and resources
- use wisdom of elders as community resource in family conflict resolution
- call in relatives of husband and wife for arbitrated dispute resolution
- try to find out about missing family members through oral culture channels
- seek counseling services within Somali community
- promote physical unity through reunification
- support hierarchy and family unity in which all family members listen to each other
- socialize children to respect generational boundaries by listening to parents
- read verses of Koran for psychological comfort
- call relatives in the local community for assistance

"ETHIOPIAN AND SOMALI FAMILIES IN MINNEAPOLIS" (APRIL 1999)

Culture plays an important role in children's development. Meeting the needs of immigrant children requires an understanding of and respect for their cultures. The purpose of this study (Rode 1999) was to present information on the values, practices, experiences, and needs of Ethiopian and

Somali families with young children, who have recently arrived in Minneapolis. The study was conducted by Way to Grow, a school-readiness initiative available to any family in Minneapolis who is either expecting a baby or has a child aged six or younger. The focus on Ethiopian and Somali families was due to the rapid growth of the East African community in Minneapolis. The study utilized interviews, focus groups, and demographic data from public school and public health records.

Some of the study's key findings include the following:

- Ties to home. Nearly all persons interviewed had relatives or extended family members in their home country, in refugee camps, or in other parts of the world. Family ties and obligations were strong, and they tried to send money or assistance despite meager resources.
- Having more children. About two-thirds of those interviewed wanted to have more children, but the decision was seen as God's decision, not theirs.
- Work and school: Four-fifths (81%) of parents wanted to go to school or take classes, including those who were already taking classes. The type of class mentioned most often was ESL.
- Language. More than half (51%) of those interviewed said they could read English, 46% could converse well with someone who spoke only English, and 71% needed help reading and writing English. More than three-fourths (78%) said they had taken English classes at one time or another. For those who hadn't taken English classes, the reason most often cited was lack of time due to the responsibilities of taking care of children.
- Children and childcare. Most of the mothers who were working or going to school relied on family members and informal arrangements for childcare while they were away. The absence of extended family members was the most common difficulty faced by those working or going to school. Mothers who used childcare centers or family-based childcare arrangements cited problems with language and culture at those facilities. They regarded family home-based care provided by someone from their own culture or a Somali childcare center as options that would make them feel comfortable.
- Raising children. Participants thought that American society undermined respect for one's elders. Parents saw many forces in American culture eroding the sense of respect in family life, and felt that the freedom that children and teenagers have learned from American culture has undermined their ability to control them.
- Housing. All families interviewed were renting apartments. Major concerns were lack of affordable housing and finding apartments suitable in size for larger families or extended families. More than one-third

(38%) of the respondents had five or more persons living in their apartment.

- Transportation. Only 44% owned a car or had regular access to a car. Those without cars reported difficulty with transportation because of winter weather, unreliable bus schedules, and the difficulty of getting around by bus with small children.
- Healthcare: Healthcare is one of the human services going fairly smoothly for East African immigrants. Only 10% have had problems with access. Most women have taken their children to health clinics often for checkups or treatment. The only difficulties cited were lack of interpreters and insurance problems.
- Areas of need. The most frequently cited need was education, followed by housing.
- Isolation and community. More than one-fourth (28%) of interview participants felt socially isolated because they did not have friends or relatives nearby and did not see them often. Many of the participants left close relatives and friends back home or in refugee camps. Nearly all respondents (99%) relied on friends as a source of information about available resources and services.

Part Four:
Some Comparisons: SRC Focus Groups, SRC Community Organizations Survey, and Selected Published Studies

The preceding sections have described the Somali community in Minnesota in terms of demographics, the challenges they face as they adapt to a new environment, and the different organizations that provide them with assistance. To make a smooth transition into a new environment, the needs of the community have to be correctly identified. In addition, the services provided have to closely match needs in kind, quality, and quantity. The needs of the Somali community were described in part one through a discussion of the focus group results and in part three through a review of selected published studies. A cursory examination reveals that the needs identified from each source of information were not entirely identical. This section looks at the similarities and differences between the needs identified, and then compares them to the services offered by organizations based on the survey results in part two.

SRC FOCUS GROUP DISCUSSION AND PUBLISHED STUDIES

Figure 2 lists the similarities and differences between the needs of the Somali community as identified in the SRC focus groups and in the selected published studies reviewed in part three of this report. In general, the SRC focus group and the selected published studies both identified the major problems faced by the Somali community. The differences lay in the identification of specific problems that fell under major problem categories. A more detailed discussion of each problem can be found in parts one and three.

All studies identified the same major problems. These included finding affordable, suitably sized, and quality housing; language barriers; finding jobs that paid well and matched applicants' skills, and employers who made allowances for cultural tradition (such as wearing the *xijaab* or praying at work); and the difficulties children faced in school. Problems identified by some of the studies and the focus group included a lack of a cultural center or gathering place that would allow for greater contact, the need for a culturally sensitive daycare center, the lack of a Koranic school for young children, and the need for less government intrusion in the resolution of family conflicts and raising of children.

FIGURE 2. Similarities and Differences between Needs of Somali Community Identified by SRC Focus Groups and Selected Published Studies

Similarities	Differences
Major problems faced by the community: • language • housing • employment • education • cultural adjustment Cultural center or gathering place Culturally sensitive daycare Educating very young children in a Koranic school or at home in the Muslim tradition Role of U.S. government in • resolving family conflicts • raising of children	SRC focus group did not mention • lack of social network and how it affects feelings of isolation and need for daycare • traditional gender roles and role reversal • transportation • mental health Selected published studies did not mention: • limits on the number of people in apartments • grade placement of school children • advocacy • Islamic mosques and funeral parlors • issues related to seniors • cultural diversity classes • access to healthcare

Participants in the SRC focus group did not mention the lack of a social network. The adults in the other studies said that relatives and friends lived far away or that there were no other ethnic groups in the community. This is probably because the adults who participated in the SRC focus groups lived in the Cedar-Riverside area, which has a high concentration of Somali and Southeast Asian residents. Transportation also was not a significant problem for focus group participants, whereas adults in the other studies said the lack of transportation limited their abilities to go to work, school, and their children's daycare. Again, this could be because the other focus group participants included residents in Twin Cities suburbs, whereas SRC focus group participants lived in the Cedar-Riverside area, which is on several bus routes that are not too complicated to understand. The SRC focus groups did not mention gender roles or role reversal that result from the employment opportunities available to Somali women. Mental health was not mentioned by SRC focus group participants. According to the other studies, a breakdown in mental health is caused by separation from family members who are left behind in their native country or in refugee camps abroad. Because loneliness and anxiety can be lessened through human contact, it is possible that having relatives and friends close by makes it less of a problem for the SRC study participants.

Conversely, the other studies did not mention the following problems identified by focus group participants: families not being allowed to live in

an apartment they could afford; Somali children being placed in grades that are beyond their ability because of their limited command of English; the need for advocacy in housing and workplace rights; the need for an Islamic mosque and funeral agency (the need for a culturally sensitive day care and cultural center were more common in all studies); the need for both Somalis and Americans to take classes to learn about each other's culture (the other studies only mentioned Americans taking classes to learn about Somali culture); and access to healthcare (the other studies said that Somali families in their focus groups were eligible for Minnesota Family Investment Program benefits and received medical assistance). A striking difference was in the treatment of the needs of older Somali residents. The published studies only mentioned the seniors' need for education and a more expanded social network, but not the need for employment or for relatives to live with them in order to keep them company and help with errands and housework. The loneliness and depression that affected senior Somalis was a serious concern among the SRC focus group participants.

SRC FOCUS GROUP DISCUSSION AND SRC COMMUNITY ORGANIZATIONS SURVEY

A Comparison

The results of the focus group and the survey can be used to determine if there is congruence between the needs identified by Somalis and by the organizations that serve them. Figure 3 lists needs identified by each study instrument.

Of the broad categories of needs identified by the Somali residents, only family relationships was not among those considered by organizations. This could be because the underlying issues identified by Somalis—such as problems with raising their children, resolving family conflicts, and caring for the father's other families—are personal issues that are very specific to the families involved. The other needs—employment, housing, education, cultural support system—were also identified by the organizations, although the nature of the specific needs identified under each broad category were quite different from those described by Somali residents. For example, with respect to education the organizations considered ESL and basic skills classes to be important. The Somalis had similar concerns, but also mentioned the following: how their children were being placed in schools; what cultural conflicts their children experienced in schools; and how they and their children would benefit from more audiovisual learning aids, tutors, and translators. Other specific needs not identified by organizations were work attire, support for seniors,

FIGURE 3. Needs of Somali Community as Identified by Focus Groups and Survey of Organizations

Focus groups	Survey of organizations
Employment • English skills • work attire • jobs for seniors	Jobs and job training (establishing employment history)
Housing • availability • affordability • size • occupancy rules	Housing • availability • affordability • establishing rental history
Education • English skills • grade placement • support (audio-visual aids, tutors, translators) • adult education • cultural issues in school	Education • ESL • basic skills • adult and child education
Cultural support system • cultural center • social and recreational clubs • Koranic school and daycare • mosque and funeral agency	Culture • culturally sensitive daycare • women's and youth programs • acculturation/intercultural skills • greater support from Americans • adjustment support
Family relationships • child rearing • resolving conflicts • marriage customs	
	Others • transportation • medical care access • reunification with family • economic (greater participation in economic activity, establishing credit history)

marriage customs, Koranic schools (although this could fall under culturally sensitive daycare as identified by organizations), and building infrastructures such as a mosque, funeral agency, and cultural center.

However, just because some needs were not identified by organizations does not mean they do not provide services to meet them. In looking at the list of the organizations' major activities, there was mention of advocacy (which probably covers work attire) and elderly assistance. It could be that at the time the survey was completed, the organizations did not consider these pressing needs because they received few requests for assistance in these areas.

There were also some needs mentioned by organizations that did not come up during the focus group discussions. These include transportation (mentioned in the focus groups only in the context of community agencies being widely dispersed and not easily accessible), medical care (mentioned in the focus groups only in the context of taking ESL classes so they did not have to rely on translators), reunification with family, and greater participation in the economy.

Identifying and Providing for the Needs of the Somali Community

As the survey results showed, the organizations are constantly trying to identify and address client needs. Organizations pay attention to emerging needs in several ways (see part two). They evaluate situations when they arise, take suggestions from clients, consult with Somali staff members, get involved in community activities, and dialogue with other community service providers. Some organizations conduct needs assessments, evaluations, workshops and discussions, interviews, and staff cultural sensitivity training.

Despite the organizations' efforts to identify the needs of their Somali clients, identifying needs does not necessarily translate into provision of services to meet those needs. As the survey results show, just because an organization identified a specific need does not mean that the organization provides services to address that need. For example, housing assistance was a critical need identified by most organizations, including Lutheran Social Service of Minnesota, but although the organization recognized the need, it was not in their line of service.

Evaluating Services

The interplay between needs and services can be evaluated based on availability, awareness, affordability, and accessibility.

Availability

Table 14 shows the broad categories of needs identified in the focus groups and by the organizations that provide services to meet those needs. Services are also made available through collaborative efforts with other organizations. The survey revealed that referrals are given for needs such as clothing, furniture, childcare, medical care, and legal aid. It seems that at least the most urgent of needs of Somali residents are being met by existing organizations.

TABLE 14. Categories of Needs and Organizations that Provide Services to Meet Them

Needs	Organizations*
Employment	BCC, CCE, ESNS, IIM, LSSM, RI
Housing	CSCM, IIM, LSSM, PTP
Education	IIM, PTP, SCA, SWA
Family relationships	CSCM (conflict resolution), SWA (support groups)
Cultural support system	CSCM (presentations and women and youth programs), ESNS (youth development program), IIM (intercultural activities), SWA (support groups and culturally sensitive daycare)

Awareness

It is noticeable that when asked what services should be provided by community agencies, focus group participants mentioned those services that are currently being provided by the organizations in the survey—for example, advocacy, support groups for women, and elderly and youth services. Some resources appear to be untapped. For example, job training and job counseling were not mentioned in the focus groups even though Somalis would greatly benefit from them. A possible explanation is that there is low awareness of the existence of the services themselves or of the organizations that offer them.

How can awareness be increased? Organizations can advertise through flyers and brochures, but the least expensive way is through word of mouth. Word spreads when someone gets help from a particular organization. Staff members themselves could also let clients know what other services are offered, as well as other places where they could get the services they came in for. Another way would be to attend community meetings where more people can be reached at one time.

Affordability

Services are offered for free, with the exception of medical care (physical and mental health). However, help is also available from government entities and small organizations. If Somali residents qualify for the Minnesota Family Investment Program, then they also can receive medical assistance.

Accessibility

Accessibility refers to both the geographical (location) and quantitative aspects of the services. Most Somalis rely on public transportation to get to their destinations. As mentioned in one study reviewed in part three, only 44% of Somalis own a car or have regular access to a car (Rode 1999). Although transportation was not regarded as a barrier by the SRC focus group participants, participants in other focus groups considered it one (SHRPA 1999). Many relied on carpooling with family and friends because they found the bus system difficult to understand and buses did not always go where they wanted to go. If the organization is not readily accessible by bus, then there is little chance that Somalis would be able to have their needs met.

Accessibility could also mean that there is not enough of the service available—not enough advocates, translators, job counseling sessions, or ESL classes available so that all clients can avail themselves of the service. A big factor here is funding, which also affects the number of staff and their workload. Fewer available staff means fewer services. One way to see how the number of staff affects the accessibility of services is to look at staff-client ratios. Table 15 shows the number of clients that each staff member serves per week at each organization surveyed. The numbers are based on the count of all staff, Somali staff, all clients, and Somali clients found in Tables 4, 5, and 6.

Based on the ratios in Table 15, staff members do not seem to have a heavy client load from week to week. Considering all staff and all clients, each staff person sees anywhere from 1 to 36 clients in any given week, and for some organizations the number of staff exceeds the number of clients seen per week. The organization with the highest client load is LSSM, where one staff member sees about 36 clients per week. Considering only Somali clients, some organizations have more than enough staff; LSSM has the highest Somali client load, as each staff member sees as many as 15 Somali clients per week. That amounts to about 2 Somali clients per staff member every day. If the service sought can be better provided by assigning a Somali staff member to see a Somali client, the workload increases significantly (for organizations whose staff and clientele are almost all Somali, the ratios did not change much). For example, BCC's staff see about 3 Somali clients per week, but would now see each of its Somali staff serving 14 Somali clients in any given week; IIM's ratio jumps from 1 to 3 clients per staff member to 63 Somali clients per Somali staff member.

Thus, the type of service sought largely determines the degree of accessibility. If a client prefers Somali staff to provide the service and there are not enough staff available, the client may have to wait, may be denied service, or

TABLE 15. Staff-to-Client Ratio per Week at Organizations Surveyed

Organization	Ratio of staff to clients	Ratio of staff to Somali clients	Ratio of Somali staff to Somali clients
BCC	1:3	1:3	1:14
CCE	1:5	1:5	1:5
CSCM	1:5	1:5	1:5
ESNS	1:0*	1:0*	—
HCCFSD	1:0*	1:0*	1:6
HCCHD	1:3	1:0*	—
HCMC	1:2	1:0*	—
HCPMSD	1:13	1:10	1:14
IIM	1:6	1:3	1:63
LSSM	1:36	1:15	1:61
PTP	1:2	1:1	—
RI	1:0*	1:0*	1:18
SCA	1:10	1:10	1:10
SWA	1:1	1:1	1:2

*The 1:0 ratio means that statistically, there is less than one client per staff member.

may be referred to another organization. A good example is daycare service, where Somali caregivers are often preferred. This shows that both quantity and quality of service determine accessibility. In this case, quality of service has to do with the service being culturally appropriate or culturally sensitive.

Another example of a quality barrier to services is a client's inability to communicate in English. From the organizations' viewpoint, this means a need for bilingual staff or translators. Indeed, the lack of translators was identified as one cause of missed job interviews and medical appointments in the focus groups. Without bilingual staff, documents that need to be filled out when applying for jobs or welfare benefits, or when taking citizenship tests, cannot be translated for Somali clients. For those receiving medical assistance, volunteers must be willing to offer their services free of charge.

It is important that the Somali community know not only about what services are available, but also about barriers to access. The organizations should be asked not only what services they provide, but what barriers they face in providing more or other services. On its survey form, HCPMSD

indicated that they have started to do this. Although HCPMSD understands that many newly arriving and long-term Somali clients need assistance in securing services, their focus has shifted to identifying barriers as well. The organization is now trying to identify barriers to obtaining appropriate health, social, and self-sufficiency services.

Somali volunteers did not figure prominently in the focus groups or surveys. There are a number of Somali volunteers in the community, and ESNS and IIM mentioned in their survey form that they use them. The exact number of volunteers is unknown, and there might be a need to mobilize more volunteers to serve Somali communities. They would be a tremendous help in easing the burden of providing services such as translation, transportation, support groups, social and recreational clubs, and mentoring.

SUMMARY

There appears to be a congruence between the needs of the Somali community as identified by the Somalis themselves and by the organizations that serve them. Based on broad categories of needs, only family needs were identified by Somalis but not by the organizations. This could be due to family needs being very personal issues that are specific to each family. There was also a slight difference in the identification of specific issues under each broad category. Somalis in the focus group were able to identify more specific issues. However, just because some needs were not identified by organizations does not mean they do not provide services to meet them. It could be that at the time the survey was completed, the organizations did not consider them as pressing needs because they received few requests for these services.

The organizations surveyed are constantly identifying and addressing client needs, and they utilize a variety of methods to do this. However, even though those needs are recognized, organizations cannot always provide the necessary services to meet them. Nevertheless, most organizations are open to expanding existing services and hiring more staff to better serve their clients.

When asked about services that could be provided to the community, focus group participants mentioned some services that are already being provided. This could be explained by a lack of awareness or other barriers to accessing services.

NEW CONTRIBUTIONS

The SRC study has contributed to the existing body of literature in three ways. First, *the focus groups identified needs that are both age group-specific and gender-specific.* This is not to say that previous studies failed to identify the needs of men, women, and children. However, their outcomes came out

of discussions that included only adults of mixed genders. Having groups whose participants belong to a specific age group or a specific gender makes it possible to uncover more specific information, and in the case of problems that immigrants face, to characterize the severity of each problem. For example, in the other studies reviewed in part three, only parents were asked about the problems their children were having at school. Although the needs that parents identified were legitimate (for example, the lack of translators or bilingual faculty), school-aged children are able to identify additional problems that parents missed, either because the latter were not directly affected by the problem, or because the problem was not as critical as the other problems the family was facing.

Conducting focus groups with participants of the same age group and gender is also likely to make respondents more open and honest. A group of young mothers would be more forthright in their responses if they were in a group with other mothers than if they were in a group with older men.

In recognizing that age and gender bring different perspectives into the discussion, the SRC study has brought to light the very unique needs of each segment of the population. The policy implication of this outcome is clear: services can be better targeted and service delivery will be more efficient.

Second, *the SRC study was able to inventory the services offered by various organizations that serve the Somali community.* There does not appear to be any other study that has surveyed Somali service providers in the Twin Cities. However, the SRC survey included only 14 organizations. The names of other organizations that survey respondents said they worked with suggests that more organizations should be included in any future survey of this type. Both the refugee/immigrant community and service provider network would benefit from such an inventory. Families or individuals would know where to go for assistance and other organizations would know where to refer clients if they cannot provide the service.

Finally, *the SRC studies made possible two comparisons that have not been attempted before:* a needs assessment from the perspectives of both the Somalis and the organizations to see if they view the problems differently, and a comparison of needs and available services to see if there are unmet needs.

A major limitation of this study is that the Somali residents and organizations included here are not representative samples. Somali groups in other parts of and outside the metro area were not included in the study, and only 14 organizations responded to the survey. As such, the conclusions reached here should be treated with reservation. The results are valid only for those represented by the focus groups or in the survey of organizations. The only way to know if they are true for the state as a whole is to do an expanded and more in-depth study. Recommendations for such a study are discussed in the next section.

Part Five: Recommendations for Future Action

The results of the focus group discussions and community organizations survey in conjunction with a review of selected published studies suggests the need for an expanded needs assessment study in the future. The following are recommendations for conducting such an expanded study based on the results and approaches undertaken for this report.

TASK FORCE GROUPS

A number of task force groups could be mobilized in the Somali communities to assist with the design of an expanded needs assessment study. The task force groups could help decide what information should be gathered, as well as the best ways to gather such information. They could suggest questions for inclusion in surveys, interviews, or focus groups, and also suggest target groups or individuals appropriate for these research instruments.

The task force groups could focus on specific areas such as housing, education, employment and economic development, social services and welfare, healthcare, family, and youth.

Task force groups could be made up of representatives from the Somali community, service providers (county or state and community-based), schools (administrators and teachers), labor market (employers and employment counselors), housing market (landlords and public housing authority), welfare groups (Minnesota Family Investment Program administrators and social service providers), healthcare groups (county medical center, HMOs, area clinics) and cultural support groups (the County Project for Multi-Cultural Service Delivery and various community groups).

Each task force group could produce a report that outlines strategies for addressing the problems and issues of a particular area. Funding could then be secured to implement the strategies.

FOCUS GROUPS

Future focus groups should have better representation. The groups should include Somali residents from other neighborhoods such as Phillips, Elliot Park, Whittier, and Lyndale. If the needs assessment study is to be in-depth and comprehensive, then focus group discussions will have to be conducted in other locations in the state where there is a significant Somali population—for example, Rochester, Marshall, and Owatonna.

Focus groups by age and gender should continue. The specific age groups should be determined beforehand, and each age group should include an equal number of male and female participants. (The focus group discussions conducted for this report did not include young men aged 20–35).

EMPOWERING INDIVIDUALS AND ORGANIZATIONS

Future projects should include training Somalis to conduct research. They could be directly involved in data-gathering activities such as facilitating focus groups, interviewing, and designing surveys. They could also be trained to analyze the data and present the results to their communities. This approach has several advantages: (1) it would bring the Somali community closer together, (2) Somali researchers would have better access to community members and so could identify participants for a focus group or respondents for interviews and surveys, (3) questionnaires used in the study would be more accurately translated and back-translated, (4) the experience would enable Somali researchers to learn new skills or sharpen existing skills, and (5) the community organizations, including SRC, would be better served by a better trained staff.

MORE REPRESENTATIVES FROM OTHER SECTORS OF SOCIETY

As already indicated, any future study should include more resource persons in focus groups, interviews, and surveys. For example, all of the following could be included: service providers at the county, state, or community level; school administrators and teachers; employers and employment counselors; landlords and public housing authority employees; Minnesota Family Investment Program administrators; administrators from the county medical center, HMOs, and area clinics; groups that promote intercultural initiatives such as County Project for Multi-Cultural Service Delivery; organizations like the International Institute of Minnesota; and other community groups.

REVIEW OF LITERATURE

This report only reviewed a handful of studies and articles written about the Somali community. A wider review of literature needs to be conducted. This would be essential for learning about what issues affect Somalis, and what groups are spearheading the study of a specific issue. It would also avoid duplication of research efforts. For example, there have been a number of

recent studies done on the management of immigration. The studies examined how states can manage immigration so that benefits for all residents are enhanced and expedited, social conflicts are lessened, and community costs are minimized. One study proposes a model of cultural complementarity designed by the National Conference for Community and Justice (NCCJ). The model proposes that "different cultures can complement each other in the pursuit of goals adopted by consensus in a community or organization" (Garcia 2000). In 2000, the Minnesota League of Women Voters conducted a series of dialogues in seven communities throughout the state to determine reactions to immigrants and refugees. The Minneapolis Foundation also carried out a recent advertising campaign to publicize the social adjustments necessary for newcomers and residents. An expanded needs assessment study can benefit from existing research, both old and new.

INCREASING THE SCOPE OF THE STUDY

Regardless of what instruments are utilized in a future study (focus groups, interviews, surveys, etc.), the scope of the study should be broadened to include questions or issues not addressed in this report. The following are suggestions for possible topic areas to include:

1. Reasons for coming to Minnesota or the United States, and how long respondents have lived in Minnesota or the United States. This will put into context any difficulty respondents might be having accessing services. For example, the Wilder Research Center (2000) study found that those who have lived in the United States longer tend to have higher level or higher paying jobs, suggesting that longer time spent in the United States increases one's opportunities for advancement.
2. Resettlement experiences. Immigrants encounter some problems as soon as they land on different soil. These would have to be addressed in addition to problems encountered after having settled in Minnesota. These questions would cover their earliest experiences in the United State.
3. Future hopes, aspirations, and dreams. Questions would address the future goals of Somali residents. Addressing the needs of Somali residents also means making sure they get a chance to achieve their hopes, aspirations, and dreams. Steps cannot be taken to improve their lives unless their future plans are known.
4. Barriers within barriers. The focus groups were able to identify the major categories of barriers that Somalis face, as well as the underlying issues related to each barrier. Future studies, however, need to tackle these underlying issues in greater detail. For example, in the area of employment Somalis face specific barriers such as language, customs,

and traditions deemed inappropriate at the workplace by employers; low demand for the skills they possess (non-transferability of skills when they try to find jobs in the United States); and an inability to find jobs that fit their skills (underemployment). Many Somalis who were practicing professionals (doctors, engineers, economists, etc.) in Somalia before the civil war broke out are now working as taxi drivers. A knowledge of Somalis' current employment status will make it possible to classify the jobs they hold and compare the skill level required by those jobs to the skills they possess.

5. Coping strategies. How are Somalis coping with different problems they face, and what steps are they taking to remedy the situation? Are they taking ESL classes and do they try to get more involved in the community to increase multicultural harmony?
6. Success in solving problems. Were those who took positive steps to rectify certain problems able to do so? How effective were their solutions?
7. Sources of assistance. Where do Somalis turn for assistance? Are they more likely to turn to someone at the first sign of a problem, or do they wait before seeking help? How often are these sources of assistance used? This information would be helpful in evaluating the availability, accessibility, and awareness of public services.
8. Culture and tradition as barriers. Future studies should explore how certain aspects of culture become barriers to leading normal lives in Minnesota. These would include religion, traditional attire, family structure, gender roles, and social support network.
9. Culture-based remedies. What do Somalis think about culture-based remedies to problems they face such as finding the means to build a mosque, Somali childcare centers, or a cultural center? How will cultural solutions help alleviate certain problems?
10. Welfare needs. What specific barriers do Somalis face if they are in the Minnesota Family Investment Program system, and what suggestions do they have to solve these problems?
11. Strengths of Somalis. Somalis possess certain strengths that were not revealed during the focus group discussions. Highlighting both strengths and needs would be helpful in assisting Somalis to integrate into American society. Successful strategies would have to build on these strengths. For example, Somalis have a strong sense of family and community. Helping each other out in times of need is a principal tenet of Muslim faith. Many Somalis in Minnesota work two or three jobs so they can send money to their relatives back home or in refugee camps. They also open their homes and provide shelter to others, and they volunteer in the community by offering transportation and

translation help. Somalis are hard-working, assertive, daring, resilient, and able to adapt easily to new environments. This explains why some Somalis have been able to open their own businesses after only living in Minnesota for a short period of time. Somali businessmen operate without the benefit of knowing how American financial systems work, or how to secure loans and other types of entrepreneurial assistance from financial institutions. They use their own money for capital and rely on their hardworking attitude and astute business sense to succeed.

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Appendix

SURVEY OF ORGANIZATIONAL ACTIVITIES AND SERVICES

Needs Assessment for the Somali Resource Center

(The purpose of this survey is to inventory existing services available to the Somali population. This will be compared with individual and focus group surveys of the population to determine the current gap between needs and services provided. The timeframe for this project is 1/21/2000 to 5/28/2000. This project is funded through the Center for Urban and Regional Affairs at the University of Minnesota.)

Name of Contact: _____
Contact's Phone: _____
Title: _____
Date: _____
Organization's Name: _____
Organization's Phone: _____
Fax: _____
E-mail: _____

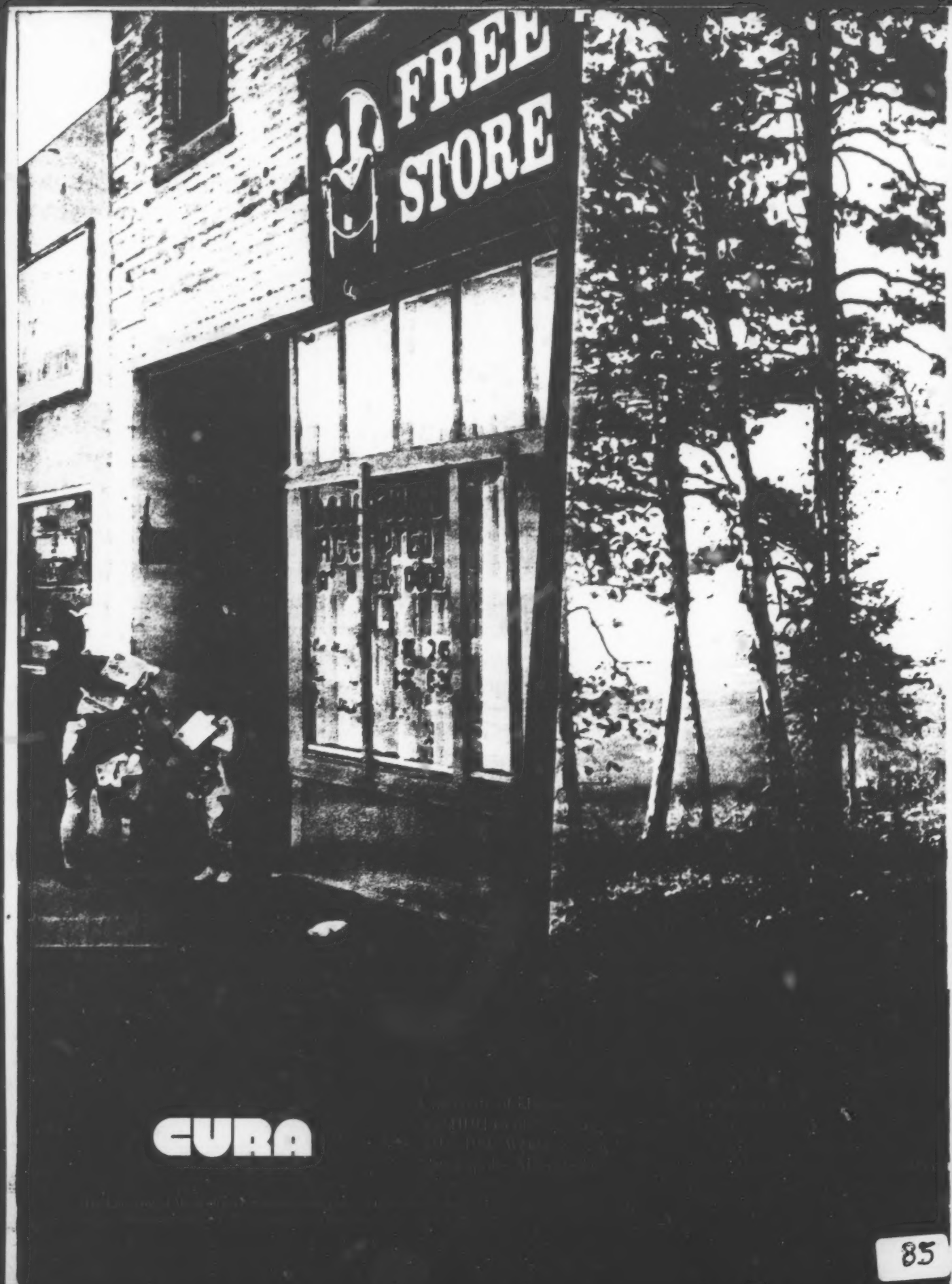
1. What is the purpose or mission of your organization?
2. What are the major activities of your organization?
3. How large is your service area (neighborhood, city, county, etc.)?
4. Please describe the population your organization serves.
5. On average, how many clients do you see weekly?
6. Could you please provide us with some information about the composition of your Board and staff?

	Number (total)	Number of Somalis (male/female)
Board	_____	_____
Full-time employees	_____	_____
Part-time employees	_____	_____
Administrators	_____	_____
Professional staff	_____	_____
Support staff	_____	_____
Volunteers	_____	_____

THE FOLLOWING QUESTIONS PERTAIN ONLY TO SERVICES FOR THE SOMALI POPULATION

7. Does your organization have specific programs or services oriented towards Somalis?
   Yes _____ (please describe) No _____ (please go to question #9)
8. Which, if any, of these program activities or services are conducted in Somali?
9. Is your organization interested in providing (additional) specific services for the Somali community?
   Yes _____ (please describe) No _____
10 a. How did your organization identify the needs of the Somali community?
   b. What do you see as the major needs of the Somali community?
11. Do you collaborate with other service organizations, or refer Somali clients to other organizations if you cannot meet their needs?
   Yes _____ (which organizations?) No _____
12. Is there anything else you think is important for us to know about the services provided by your organization?

Thank you very much



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